

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46353** (1)

1. Corporation Name
KIWANIS CLUB OF BROOKSVILLE, INC.



Principal Place of Business: P.O. BOX 685, BROOKSVILLE FL 34605-0685
Mailing Address: P.O. BOX 685, BROOKSVILLE FL 34605-0685

3. Date Incorporated or Qualified: 12/05/1991
3a. Date of Last Report: 04/28/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-6152216	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

EPPLEY, KENT
111 NORTH MAIN STREET
BROOKSVILLE FL 34601

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	RESSEL, JAMES 11117 CINDY DRIVE BROOKSVILLE FL	1.1 TITLE: D	Carlton, Rick
NAME:		1.2 NAME:	609 Erin Way
STREET ADDRESS:		1.3 STREET ADDRESS:	Brooksville, FL 34601
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: D	EPPLEY, KENT 111 NORTH MAIN STREET BROOKSVILLE FL	2.1 TITLE:	
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: D	TAYLOR, MARK 13209 OLD CRYSTAL RVR RD BROOKSVILLE FL	3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: D	HELM, STEVE 645 PONCE DE LEON BLVD BROOKSVILLE FL	4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: T	MOSHER, JEFF 1351 CANDLELIGHT BLVD BROOKSVILLE FL	5.1 TITLE: T	Paradis, David
NAME:		5.2 NAME:	11430 Camp Mine Rd.
STREET ADDRESS:		5.3 STREET ADDRESS:	Brooksville, FL 34601
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:		6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: David B. Paradis, David B. Paradis, Treasurer 1-30-96 352-796-3522
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)