

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morthang Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46353 (1)
1. Corporation Name
KWANIS CLUB OF BROOKSVILLE, INC.



Principal Place of Business P.O. BOX 685 BROOKSVILLE FL 34805-0685	Mailing Address P.O. BOX 685 BROOKSVILLE FL 34805-0685
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3. Date Incorporated or Qualified
12/05/1991

4. FEI Number
59-6152216

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**EPPLEY, KENT
111 NORTH MAIN STREET
BROOKSVILLE FL 34801**

10. Name and Address of New Registered Agent

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

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 relistening) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	CARLTON, RICK
STREET ADDRESS	609 ERIN WAY
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	EPPLEY, KENT
STREET ADDRESS	111 NORTH MAIN STREET
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MARK
STREET ADDRESS	13209 OLD CRYSTAL RVR RD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HELM, STEVE
STREET ADDRESS	645 PONCE DE LEON BLVD
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	PEYTON, HYSLOP
STREET ADDRESS	20 NORTH MAIN ST, RM. 340
CITY-ST-ZIP	BROOKSVILLE FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	PARADIS, DAVID
STREET ADDRESS	11430 CAMP MINE ROAD
CITY-ST-ZIP	BROOKSVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CARLTON, RICK
1.3 STREET ADDRESS	609 ERIN WAY
1.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARC GOLDSTEIN, MARC
2.3 STREET ADDRESS	903 MANHATTAN ST
2.4 CITY-ST-ZIP	SPRING HILL, FL 34601
3.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	GOLDSTEIN, MARC
3.3 STREET ADDRESS	903 MANHATTAN ST
3.4 CITY-ST-ZIP	SPRING HILL, FL 34601
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLEAVLAND, BEN
4.3 STREET ADDRESS	175 MOUNT FAIR AVE
4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MARCELO, CARLOS
5.3 STREET ADDRESS	523 COLONIAL DR.
5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	SEE ATTACHED
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: _____ DATE: **2/6/98**

C92E037 (10/97)

Kiwanis Club of Brooksville, Inc.
59-6152216

Title:	D	Addition
Name:	Phil Heinecke	
Street Address:	103 Bell Avenue	
City-ST-Zip:	Brooksville, FL 34601	

Title:	D	Addition
Name:	Royce Carter	
Street Address:	24164 Westminister Court	
City-ST-Zip:	Brooksville, FL 34601	

Title:	D	Addition
Name:	Carl Steincamp	
Street Address:	9516 Wallien Drive	
City-ST-Zip:	Brooksville, FL 34601	