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CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 22 PM 3: 28

DOCUMENT # N93000000320 (2)

1. Corporation Name

KIWANIS CLUB OF OSCEOLA COUNTY, FLORIDA, INC.

Principal Place of Business

Mailing Address

P. O. BOX 4045
KISSIMMEE FL 34742-4045
US

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KISSIMMEE FL 34742-4045
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
05/01/1994

4. FEI Number
59-2845440

Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 189.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MULLINS, ERNEST J
220 E. MONUMENT AVENUE
SUITE D
KISSIMMEE FL 34741

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BIGLER, JIM
STREET ADDRESS 140 CAMPEECHE LANE
CITY-ST-ZIP KISSIMMEE FL

TITLE VD
NAME KELLY, FLOYD
STREET ADDRESS 3770 CORD AVE.
CITY-ST-ZIP ST. CLOUD FL

TITLE SD
NAME PENCE, BERTHA
STREET ADDRESS 1117 E. LEHIGH ST.
CITY-ST-ZIP KISSIMMEE FL

TITLE TD
NAME NEUHARD, HENRY H
STREET ADDRESS 2320 IRLO DR.
CITY-ST-ZIP KISSIMMEE FL

TITLE D
NAME LYLE, CHRIS
STREET ADDRESS PO BOX 971
CITY-ST-ZIP ST. CLOUD FL 34770

TITLE D
NAME SCHUBERT, ZINA
STREET ADDRESS 2322 IRLO CT
CITY-ST-ZIP KISSIMMEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME FRANK DENIKE ☒ Change ☐ Addition
1.3 STREET ADDRESS 2210 EMPEROR DR
1.4 CITY-ST-ZIP KISSIMMEE, FL 34744

2.1 TITLE VD
2.2 NAME JOHN WALDBIESER ☒ Change ☐ Addition
2.3 STREET ADDRESS 3537 OAKRIDGE BLVD
2.4 CITY-ST-ZIP KISSIMMEE, FL 34744

3.1 TITLE SD
3.2 NAME JOHN JACKSON ☒ Change ☐ Addition
3.3 STREET ADDRESS 106 LAKE VILLA WAY
3.4 CITY-ST-ZIP KISSIMMEE, FL 34743

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D
5.2 NAME FLOYD KELLY ☐ Change ☒ Addition
5.3 STREET ADDRESS 3770 CORD AVE
5.4 CITY-ST-ZIP ST CLOUD, FL 34770

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 110.07(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 recorder or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Henry H. Neuhard HENRY H. NEUHARD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/95
Date

(407) 867-7253
Telephone #