

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
01/25/1993

3a. Date of Last Report
03/22/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 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

Signature (typed or printed name of registered agent and if not applicable)

(Typed Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DENIKE, FRANK	
STREET ADDRESS	2210 EMPEROR DR	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	WALDBIESER, JOAN	
STREET ADDRESS	2537 OAKRUN BLVD	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	JACKSON, JOHN	
STREET ADDRESS	106 LAKE VILLA WAY	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	NEUHARD, HENRY H	
STREET ADDRESS	2320 IRLD DR.	
CITY-ST-ZIP	KISSIMMEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYLE, CHRIS	
STREET ADDRESS	PO BOX 971	
CITY-ST-ZIP	ST. CLOUD FL 34770	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SCHUBERT, ZINA	
STREET ADDRESS	2322 IRLD CT	
CITY-ST-ZIP	KISSIMMEE FL	

11 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	PENCE, BERTHA	
13 STREET ADDRESS	1117 E. LEHIGH ST.	
14 CITY-ST-ZIP	KISSIMMEE, FL. 34744	
21 TITLE	S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	BIGLER, JIM	
23 STREET ADDRESS	158 LAUREL WAY	
24 CITY-ST-ZIP	KISSIMMEE, FL. 34743	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	KELLY, FLOYD	
33 STREET ADDRESS	3770 CORD AVE.	
34 CITY-ST-ZIP	ST. CLOUD, FL. 34772	
41 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP	Kissimmee, FL 34741	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP	KISSIMMEE, FL 34741	

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 199.07(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: *Bertha Pence* Bertha Pence, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/96 (407)847-2780

Date

Daytime Phone #

CR2E037 (12/95)