

FILE NOW: FILING FEE IS \$61.25

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mertham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000000320 (2)
1. Corporation Name
KIWANIS CLUB OF OSCEOLA COUNTY, FLORIDA, INC.



Principal Place of Business P. O. BOX 4045 KISSIMMEE FL 34742-4045 US	Mailing Address P. O. BOX 4045 KISSIMMEE FL 34742 US
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3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 08/14/1996
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21. Principal Place of Business 21	2a. Mailing Address 26
22. Suite, Apt. #, etc. 22	27. Suite, Apt. #, etc. 27
23. City & State 23	28. City & State 28
24. Zip 24	25. Country 25
29. Zip 29	30. Country 30

4. FEI Number 59-2845440	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**MULLINS, ERNEST J
220 E. MONUMENT AVENUE
SUITE D
KISSIMMEE FL 34741**

10. Name and Address of New Registered Agent

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

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	
TITLE PD	<input type="checkbox"/> DELETE
NAME PENCE, BERTHA	
STREET ADDRESS 1117 E LEHIGH STREET	
CITY-ST-ZIP KISSIMMEE FL 34744	
TITLE SD	<input type="checkbox"/> DELETE
NAME BIGLER, JIM	
STREET ADDRESS 158 LAUREL WAY	
CITY-ST-ZIP KISSIMMEE FL 34743	
TITLE D	<input type="checkbox"/> DELETE
NAME KELLY, FLOYD	
STREET ADDRESS 3770 CORD AVENUE	
CITY-ST-ZIP ST. CLOUD FL 34769	
TITLE VD	<input type="checkbox"/> DELETE
NAME NEUHARD, HENRY H	
STREET ADDRESS 2320 IRLO DR.	
CITY-ST-ZIP KISSIMMEE FL 34741	
TITLE D	<input type="checkbox"/> DELETE
NAME LYLE, CHRIS	
STREET ADDRESS PO BOX 971 N/A	
CITY-ST-ZIP ST. CLOUD FL 34770	
TITLE TD	<input type="checkbox"/> DELETE
NAME SCHUBERT, ZINA	
STREET ADDRESS 2322 IRLO CT	
CITY-ST-ZIP KISSIMMEE FL 34741	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME ROEHRICK, TAMMY LYNN	
1.3 STREET ADDRESS 2776 WHISPER LAKES CLUB CIR.	
1.4 CITY-ST-ZIP ORLANDO, FL 32837	
2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME WALDBIESER, JOHN D.	
3.3 STREET ADDRESS 4181 CITRUS ST.	
3.4 CITY-ST-ZIP KISSIMMEE, FL 34746	
4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME SNYDER, BILL	
5.3 STREET ADDRESS P.O. BOX 420221 N/A	
5.4 CITY-ST-ZIP KISSIMMEE, FL 34742	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

CR2E037 (9/96)