

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
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**

4. FEI Number

**59-2845440**

Applied For

Not Applicable

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

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

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	LYLE, CHRIS	
1.3 STREET ADDRESS	P.O. BOX 971 N/A	
1.4 CITY-ST-ZIP	ST. CLOUD, FL 34770	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROHRICK, TAMMY LYNN	
2.3 STREET ADDRESS	2776 WHISPER LAKES CLUB CIRCLE	
2.4 CITY-ST-ZIP	ORLANDO, FL 32837	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PENCE, BERTHA	
3.3 STREET ADDRESS	1117 E LEHIGH STREET	
3.4 CITY-ST-ZIP	KISSIMMEE FL 34744	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BIGLER, JIM	
5.3 STREET ADDRESS	158 LAUREL WAY	
5.4 CITY-ST-ZIP	KISSIMMEE FL 34743	
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 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 \_\_\_\_\_

CR2E037 (10/97)