


FILE NOW: FILING FEE IS \$61.25

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**Jul 26, 1999 8:00 am**  
**Secretary of State**

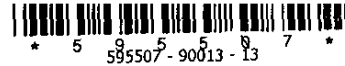
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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000000320**

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 34742-4045 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/25/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2845440
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
Country 25	Zip 29	Country 30
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required \$5.00 May Be Added to Fees

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  
 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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input checked="" type="checkbox"/>	1.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME LYLE, CHRIS		1.2 NAME Junne Arcamo	
STREET ADDRESS P O BOX 971		1.3 STREET ADDRESS 3062 Zaharias Drive	
CITY-ST-ZIP ST CLOUD FL 34770		1.4 CITY-ST-ZIP Orlando, FL 32837	
TITLE SD	DELETE <input type="checkbox"/>	2.1 TITLE VD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME ROEHRICK, TAMMY LYNN		2.2 NAME	
STREET ADDRESS 2776 WHISPER LAKES CLUB CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP ORLANDO FL 32837		2.4 CITY-ST-ZIP	
TITLE D	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME PENCE, BERTHA		3.2 NAME	
STREET ADDRESS 1117 E LEHIGH STREET		3.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 34744		3.4 CITY-ST-ZIP	
TITLE VD	DELETE <input checked="" type="checkbox"/>	4.1 TITLE TD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME NEUHARD, HENRY H		4.2 NAME Thomas J. Griffin	
STREET ADDRESS 2320 IRLD DR.		4.3 STREET ADDRESS 1111 Shawnda Lane	
CITY-ST-ZIP KISSIMMEE FL		4.4 CITY-ST-ZIP Saint Cloud, FL 34769	
TITLE D	DELETE <input checked="" type="checkbox"/>	5.1 TITLE SD	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME BIGLER, JIM		5.2 NAME Carl Beekman	
STREET ADDRESS 158 LAUREL WAY		5.3 STREET ADDRESS 3015 Drema Drive	
CITY-ST-ZIP KISSIMMEE FL 34743		5.4 CITY-ST-ZIP Saint Cloud, FL 34769	
TITLE TD	DELETE <input type="checkbox"/>	6.1 TITLE PD	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
NAME SCHUBERT, ZINA		6.2 NAME	
STREET ADDRESS 2322 IRLD CT		6.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL		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)(l), 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, with all other like empowered.

SIGNATURE: Zina Schubert **SIGNATURE REQUIRED** 07/20/99 (407) 870-4077  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)