

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000003712 (7)

1. Corporation Name

BROOKSVILLE KIWANIS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
111 NORTH MAIN STREET BROOKSVILLE FL 34801	P.O. BOX 685 BROOKSVILLE FL 34805-0685

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified	08/17/1993
4. FEI Number	59-3203940
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
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, MARK C
13200 OLD CRYSTAL ROVER ROAD
BROOKSVILLE FL 34801

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		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	OPPEDAL, DARREL	
STREET ADDRESS	3358 AUGUSTINE ROAD	
CITY-ST-ZIP	SPRINGHILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KORN, BILL	
STREET ADDRESS	10235 TRUDY LYNN DR	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	TAYLOR, MARK C	
STREET ADDRESS	13200 CRYSTAL RVR RD	
CITY-ST-ZIP	BROOKSVILLE FL 34801	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARLTON, RICK	
STREET ADDRESS	609 ERIN WAY	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CLEVELAND, BEN	
STREET ADDRESS	175 MT FAIR AVE	
CITY-ST-ZIP	BROOKSVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DEEN, TOM	
STREET ADDRESS	16051 LINGLE ROAD (S.R. 439)	
CITY-ST-ZIP	ISTACHATTA FL 34636	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DEEN, TOM	
1.3 STREET ADDRESS	16051 LINGLE ROAD P.O BOX 40	
1.4 CITY-ST-ZIP	ISTACHATTA, FL 34636	
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARRERO, CARLOS	
2.3 STREET ADDRESS	523 COLONIAL DRIVE	
2.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
3.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HELM, STEVE	
3.3 STREET ADDRESS	645 PONCE DE LEON	
3.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CLEVELAND, BEN	
4.3 STREET ADDRESS	175 MT FAIR AVE	
4.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARLTON, RICK	
5.3 STREET ADDRESS	609 ERINWAY	
5.4 CITY-ST-ZIP	BROOKSVILLE, FL 34601	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	KORN, BILL	
6.3 STREET ADDRESS	10235 TRUDY LYNN DRIVE	
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Block 12 or Block 13 if changed, or on an attachment with an address. 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: *CARLOS A. MARRERO*

3/24/98 352-799-6444

CR2E037 (10/97)