

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000281 (4)

1. Corporation Name

KIWANIS CLUB OF CHIEFLAND, INC.



Principal Place of Business: PO BOX 1310 CHIEFLND FL 32626
Mailing Address: PO BOX 1310 CHIEFLND FL 32626

3. Date Incorporated or Qualified: **01/20/1995**
3a. Date of Last Report
4. FEI Number: **59-3292358**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BEAUCHAMP, W O III
19 NE 3RD STREET
CHIEFLND FL 32626**

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 signatures required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SIMMONS, MARILYN	
STREET ADDRESS	30 EASY STREET	
CITY-ST-ZIP	BRONSON FL 32621	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BEAUCHAMP, W O III	
STREET ADDRESS	NW 111TH LANE	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	REYNOLDS, MARY	
STREET ADDRESS	STATE ROAD 345	
CITY-ST-ZIP	CHIEFLND FL 32626	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Pres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Bennitt Paterson	
1.3 STREET ADDRESS	6881 N.W. 106th St.	
1.4 CITY-ST-ZIP	Chiefland, FL 32626	Director
2.1 TITLE	Vice-Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WO Beauchamp	
2.3 STREET ADDRESS	111TH NW LANE	
2.4 CITY-ST-ZIP	Chiefland, FL 32626	Director
3.1 TITLE	Sec.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cherri Pruvatt	
3.3 STREET ADDRESS	10451 N.W. 45th St.	
3.4 CITY-ST-ZIP	Chiefland, FL 32626	Director
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 in an attachment with an address.

SIGNATURE: *Cherri Pruvatt* Date: **1-18-96** Daytime Phone #: **904-418-7727**

CR2E037 (12/95)