


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90102 037 \*\*\*\*61.25

0012109

|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # N95000000281**

1. Corporation Name  
**KIWANIS CLUB OF CHIEFLAND, INC.**

|   |   |
|---|---|
| Principal Place of Business<br>PO BOX 1310<br>CHIEFLND FL 32626 | Mailing Address<br>PO BOX 1310<br>CHIEFLND FL 32626 |
|---|---|



|                                      |                           |  |
|--------------------------------------|---------------------------|--|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br><b>01/20/1995</b>   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br><b>59-3292358</b>   |
| City & State<br>23                   | City & State<br>28        | Applied For<br>Not Applicable  |
| Zip<br>24                            | Country<br>25             | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                    |
| Country<br>29                        | Zip<br>30                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 City   | <b>FL</b>   |

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                                    |  |
|----------------|------------------------------------|--|
| TITLE          | PD                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>SIMMONS, MARILYN</b>            |  |
| STREET ADDRESS | <b>30 EASY ST</b>                  |  |
| CITY-ST-ZIP    | <b>BRONSON FL 32621</b>            |  |
| TITLE          | VPD                                | <input type="checkbox"/> DELETE            |
| NAME           | <b>BEAUCHAMP, W O III</b>          |  |
| STREET ADDRESS | <b>111TH NW LANE</b>               |  |
| CITY-ST-ZIP    | <b>CHIEFLND FL</b>                 |  |
| TITLE          | SD                                 | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>CLAVERIA, CHRISSY</b>           |  |
| STREET ADDRESS | <b>P O BOX 2512/420 E PARK AVE</b> |  |
| CITY-ST-ZIP    | <b>CHIEFLND FL 32644</b>           |  |
| 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          | PD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | <b>Sanders, Tammy</b>      |  |
| 1.3 STREET ADDRESS | <b>P.O. Box 2147</b>       |  |
| 1.4 CITY-ST-ZIP    | <b>Chiefland, FL 32644</b> |  |
| 2.1 TITLE          |                            | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME           |                            |  |
| 2.3 STREET ADDRESS |                            |  |
| 2.4 CITY-ST-ZIP    |                            |  |
| 3.1 TITLE          | SD                         | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | <b>Rader, Wanda</b>        |  |
| 3.3 STREET ADDRESS | <b>P.O. Box 1172</b>       |  |
| 3.4 CITY-ST-ZIP    | <b>Chiefland, FL 32644</b> |  |
| 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *Rader* \_\_\_\_\_ DATE \_\_\_\_\_ DAYTIME PHONE # \_\_\_\_\_

CR2E037 (11/98)