

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000454 (7)

1. Corporation Name

KIWANIS CLUB OF EAU GALLIE - SUNTREE, INC.

Principal Place of Business

516 N HARBOR CITY BLVD
MELBOURNE FL 32935

Mailing Address

516 N HARBOR CITY BLVD
MELBOURNE FL 32935



***61.25

100001921731

2. Principal Place of Business

21 1686 W. HIBISCUS BLVD

Suite, Apt. #, etc.

22 City & State

23 MELBOURNE, FL

24 Zip

25 32901

26 Country

27 USA

2a. Mailing Address

28 1686 W HIBISCUS BLVD

Suite, Apt. #, etc.

29 City & State

30 MELBOURNE, FL

31 Zip

32 32901

33 Country

34 USA

3. Date Incorporated or Qualified
01/30/1995

3a. Date of Last Report

4. FEI Number

☒ 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

9. Name and Address of Current Registered Agent

KANCILIA, JOHN R
516 N HARBOR CITY BLVD
MELBOURNE FL 32935

10. Name and Address of New Registered Agent

81 Name JOHN R. KANCILIA

82 Street Address (P.O. Box Number is Not Acceptable)
1686 W HIBISCUS BLVD

83

84 City MELBOURNE, FL

FL

85 Zip Code
32901

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 7-19-96

12. OFFICERS AND DIRECTORS

TITLE D
NAME APFELD, BELINDA
STREET ADDRESS 1679 VIRGINIA DR
CITY-ST-ZIP MELBOURNE FL 32935 ☒ DELETE

TITLE D
NAME ASKEW, ROBERT
STREET ADDRESS 208 ATLANTIC BLVD
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☒ DELETE

TITLE D
NAME BIHLER, GEORGE
STREET ADDRESS 2998 INDIAN RIVER DR NE
CITY-ST-ZIP PALM BAY FL 32937 ☒ DELETE

TITLE D
NAME CONNORS, JOHN D
STREET ADDRESS 400 MOSSWOOD BLVD
CITY-ST-ZIP MELBOURNE FL 32903 ☒ DELETE

TITLE D
NAME DOWNEY, ROBERT B
STREET ADDRESS 525 ANDROS LN
CITY-ST-ZIP INDIAN HARBOUR BEACH FL 32937 ☒ DELETE

TITLE D
NAME HAINES, DUDLEY G
STREET ADDRESS 229 AUGUSTA WAY
CITY-ST-ZIP MELBOURNE FL 32940 ☒ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

PRESIDENT
DAVID R. GRIFFITH
1043 ALAMANDA LANE
COCOA, FL. 32922

2.1 TITLE D

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

1ST VICE PRES
GEORGE HERMAN
896 JEFFERSON ROAD, SO
ROCKLEDGE, FL. 32955

3.1 TITLE D

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

2ND VICE PRES
H DENNIS SANFORD
305 HIGHWAY A-1-A #11
SATELLITE BEACH, FL 32937

4.1 TITLE D

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

SECRETARY
JOHN ERIKSEN
716 MATHERS ST
MELBOURNE, FL 32935

5.1 TITLE D

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TREASURER
ROBERT C. HENTSCHEL
303 SCHOOL ROAD
INDIAN HARB. BECH, FL 32937

6.1 TITLE D

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DIRECTOR
HERBERT L. RICHTER
501 CARRIAGE ROAD
INDIAN HARB BECH, FL 32937

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 on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/2/96

Date

407-773-0178

Daytime Phone #

CS 8/11/96

CR2E037 (3/96)