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FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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	Mailing Address
1686 W. HIBISCUS BLVD MELBOURNE FL 32901	1686 W. HIBISCUS BLVD MELBOURNE FL 32901-2631

3. Date Incorporated or Qualified 01/30/1995	3a. Date of Last Report 08/14/1996
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number APPLIED FOR 59-3425219	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		
25	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KANCILIA, JOHN R
1686 W. HIBISCUS BLVD
MELBOURNE FL 32901

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRIFFITH, DAVID R	1.2 NAME	
STREET ADDRESS	1043 ALAMANDA LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	COCOA FL 32922	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERMAN, GEORGE	2.2 NAME	
STREET ADDRESS	896 JEFFERSON ROAD SO	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROCKLEDGE FL 32955	2.4 CITY-ST-ZIP	
TITLE	DVP	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANFORD, H DENNIS	3.2 NAME	
STREET ADDRESS	305 HIGHWAY A-1-A #11	3.3 STREET ADDRESS	
CITY-ST-ZIP	SATELLITE BEACH FL 32937	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERIKSEN, JOHN	4.2 NAME	
STREET ADDRESS	716 MATHERS ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32935	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENTSCHEL, ROBERT C	5.2 NAME	
STREET ADDRESS	303 SCHOOL ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOUR BEACH FL 32937	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHTER, HERBERT L	6.2 NAME	
STREET ADDRESS	501 CARRIACE ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HARBOR FL 32937	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE _____

CR2E037 (9/96)