


**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90216 022 \*\*\*\*61.25

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

**DOCUMENT # N95000000454**

1. Corporation Name  
**KIWANIS CLUB OF EAU GALLIE - SUNTREE, INC.**

Principal Place of Business 1686 W. HIBISCUS BLVD MELBOURNE FL 32901	Mailing Address 1686 W. HIBISCUS BLVD MELBOURNE FL 32901
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/30/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3425219
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>
Zip 24	Country 25	Country 30

9. Name and Address of Current Registered Agent <b>KANCILIA, JOHN R</b> 1686 W. HIBISCUS BLVD MELBOURNE FL 32901		10. Name and Address of New Registered Agent	
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GRIFFITH, DAVID R		1.2 NAME MAE FLANNAGAN	
STREET ADDRESS 1043 ALAMANDA LANE		1.3 STREET ADDRESS 2510 ALLAN ADLER Rd.	
CITY-ST-ZIP COCOA FL 32922		1.4 CITY-ST-ZIP Melbourne, FL 32935	
TITLE DVP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ASKEW, ROBERT		2.2 NAME R.L. JONES	
STREET ADDRESS 208 ATLANTIC BLVD		2.3 STREET ADDRESS 2713 AURORA Rd	
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937		2.4 CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SANFORD, H DENNIS		3.2 NAME JOHN LEWIS	
STREET ADDRESS 305 HIGHWAY A-1A #11		3.3 STREET ADDRESS 1163 RIVERMONT DR.	
CITY-ST-ZIP SATELLITE BEACH FL 32937		3.4 CITY-ST-ZIP MELBOURNE, FL 32935	
TITLE TD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HENTSCHEL, ROBERT C		4.2 NAME	
STREET ADDRESS 303 SCHOOL ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOR BEACH FL 32937		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RICHTER, HERBERT L		5.2 NAME	
STREET ADDRESS 501 CARRIAGE ROAD		5.3 STREET ADDRESS	
CITY-ST-ZIP INDIAN HARBOR FL 32937		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: ROBERT C HENTSCHEL 4/20/99 407-773-0178  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)