

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Oct 15 1998 8:00am
 Secretary of State

0011557

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N97000006303 (8)

1. Corporation Name
 KIWANIS YOUTH FOUNDATION OF MONTICELLO, FLORIDA, INC.

Principal Place of Business Mailing Address
 275 N. MULBERRY STREET MONTICELLO FL 32344
 275 N. MULBERRY STREET MONTICELLO FL 32344

3. Date Incorporated or Qualified
 11/06/1997

4. FEI Number
 59-3477486 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

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No



2. Principal Place of Business
 21 280 W. WASHINGTON ST. 22
 Suite, Apt. #, etc.
 23 Monticello, FL
 Zip 32344 Country JEFFERSON

2a. Mailing Address
 26 P.O. Box 357 27
 Suite, Apt. #, etc.
 28 Monticello, FL
 Zip 32345 Country Jefferson

9. Name and Address of Current Registered Agent
 BARKER, PHIL
 GILLEY ROAD
 MONTICELLO FL 32344

10. Name and Address of New Registered Agent
 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 _____ 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	D	<input checked="" type="checkbox"/> DELETE
NAME	HALSEY, LARRY	
STREET ADDRESS	275 N. MULBERRY STREET	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	DELETE
NAME	THOMAS, ALBERT JR.	
STREET ADDRESS	BISHOP FARM ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BARKER, PHIL	
STREET ADDRESS	GILLEY ROAD	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SNELGROVE, MARY	
STREET ADDRESS	1015 S. MULBERRY	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RHOADS, JANICE	
STREET ADDRESS	RT. 4, BOX 4076	
CITY-ST-ZIP	MONTICELLO FL 32344	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MCRAE, BILL	
STREET ADDRESS	BRYAN CR.	
CITY-ST-ZIP	MONTICELLO FL 32344	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	300002665033
6.3 STREET ADDRESS	-10/16/98--01009--002
6.4 CITY-ST-ZIP	***61.25

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(l), 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: Mary C. Snelgrove 9/17/98 850-997-4754
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)