

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/28/95--01023--001

DO NOT WRITE IN THIS SPACE

DOCUMENT # 731699
1. Corporation Name
KIWANIS CLUB OF TAVARES, FLORIDA, INC.

Principal Place of Business
**399 E. BURLINGHAM BLVD.
P.O. BOX 1165
TAVARES, FL. 32778**

Mailing Address
**399 E. BURLINGHAM BLVD.
P.O. BOX 1165
TAVARES, FL. 32778**

3. Date Incorporated or Qualified
JAN. 11, 1975

3a. Date of Last Report
JUNE 13, 1994

4. FEI Number
59-6206911

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. Nonprofit with IRS 501(c)(3)
Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199 032,
Florida Statutes Yes No

2. Principal Place of Business
21 399 E. BURLINGHAM BLVD.

2a. Mailing Address
26 SAME

Suite, Apt. #, etc.
22 P.O. BOX 1165

Suite, Apt. #, etc.
27

City & State
23 TAVARES, FLORIDA

City & State
28

Zip
24 32778

Country
25 AME

Zip
29

Country
30

9. Name and Address of Current Registered Agent
**T. KRITH HALL
1208 LAKESHORE BLVD.
TAVARES, FL. 32778**

10. Name and Address of New Registered Agent

81 Name
EDWARD F. JIRIK

82 Street Address
31750 TROPICAL SHORES DRIVE

83

84 City
TAVARES

85 FL

86 Zip
32778

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, 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 607.05, Florida Statutes.

SIGNATURE *Edward F. Jirik* **6-20-95**
Signature, typed or printed name of registered agent and date applicable. NOTE: Registered Agent signature required when resigning. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE President	CYNTHIA J. FREEMAN	1.1 TITLE President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME CYNTHIA J. FREEMAN	
STREET ADDRESS 1408 Alfred St. #104		1.3 STREET ADDRESS 1408 Alfred St. #104	
CITY-ST-ZIP TAVARES, FL. 32778		1.4 CITY-ST-ZIP TAVARES, FL. 32778	
TITLE V. Pres.	Hugh Beardslee	2.1 TITLE V. Pres.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME Claire Y. Souliere	
STREET ADDRESS 909 Maplewood St.		2.3 STREET ADDRESS 30245 Harris Dr.	
CITY-ST-ZIP TAVARES, FL. 32778		2.4 CITY-ST-ZIP Leesburg, FL 32798	
TITLE Secy/Treasurer	Edward F. Jirik	3.1 TITLE Secy/Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME Edward F. Jirik	
STREET ADDRESS 31750 Tropical Shores Dr.		3.3 STREET ADDRESS 31750 Tropical Shores Dr.	
CITY-ST-ZIP TAVARES, FL. 32778		3.4 CITY-ST-ZIP TAVARES, FL. 32778	
TITLE Director	Russell D. Rogers	4.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME Robert M. Oberlander	
STREET ADDRESS 3316 Rainbow Road		4.3 STREET ADDRESS 31927 Tropical Shores Dr.	
CITY-ST-ZIP TAVARES, FL. 32778		4.4 CITY-ST-ZIP TAVARES, FL. 32778	
TITLE Director	Leighton Baker	5.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME Leighton Baker	
STREET ADDRESS 4266 Chalet Dr.		5.3 STREET ADDRESS 4266 Chalet Dr.	
CITY-ST-ZIP Mt. Dora, FL. 32757		5.4 CITY-ST-ZIP Mt. Dora, FL. 32757	
TITLE Director	Robert A. Ross	6.1 TITLE Director	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME Robert A. Ross	
STREET ADDRESS 2637 Waterview Dr.		6.3 STREET ADDRESS 2637 Waterview Dr.	
CITY-ST-ZIP Eustis, FL. 32728		6.4 CITY-ST-ZIP Eustis, FL. 32728	

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 119.03(3)(b), 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 *Edward F. Jirik* **Edward F. Jirik** **6-20-95** **(904) 343-0895**
Signature and typed or printed name of signing officer or director Date Daytime Phone #