FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

715213

(5)

KIWANIS CLUB OF ORLANDO CHARITIES. INC.

Principal Place of Business Mailing Address 102 W ANDERSON STREET 102 W ANDERSON STREET ORLANDO FL 32801 ORLANDO FL 32801-3601 3. Date Incorporated or Qualified 09/06/1968 3a. Date of Last Report 01/31/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State \$5.00 May Be City & State 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country $Z_{\rm IP}$ Country This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes ☐ Yes **X**No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name RIFFLE, GERTRUDE Street Address (P.O. Box Number is Not Acceptable) 62 102 W ANDERSON STREET 83 ORLANDO FL 32801 84 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature regulred when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (96/6) DELETE Change Addition TITLE 1.1 TITLE myrdock John R. PATIENCE, MICHAEL 12 NAME NAME 124 channel Drive 430 DAVIS DRIVE STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL Leke Many CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition 2.1 TITLE TITLE LINDER, ROBERT Robert Linker, Robert 2.2 NAME NAME 200 S. ORANGE AVE. 501 E. Tactors St 2.3 STREET ADDRESS STREET ADDRESS ORLANDO FL ON undo FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change 3 1 TITLE TITLE ROPER, JOHN Dan Kolvu NAME 3.2 NAME 1836 wardwort St. 225 BRIGADOON PT STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL Orlando Pc CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 51 TITLE TITLE NAME 5.2 NAME

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

5.4 CITY - ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

City-St-ZiP

CITY-ST-7IP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

DELETE

18/91

Daytime Phone # 0015903

Change

Addition

FILED

Jan 22 1997 8:00am

Secretary of State