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Jun 03 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 # N94000002684 (8)
1. Corporation Name
KWANIS CLUB OF BELLEVIEW, INC.



Principal Place of Business Mailing Address
C/O LINDA STROTHER
238 SW 96 LANE
OCALA FL 34478
MS

C/O LINDA STROTHER
238 SW 96 LANE
OCALA FL 34476-7569
MS

3. Date Incorporated or Qualified 05/23/1994
3a. Date of Last Report 07/23/1996

2. Principal Place of Business 21 9080 SE 154 Ln.
Suite, Apt. #, etc. 22
City & State 23 Summerfield FL
Zip 24 34491 Country 25 USA

2a. Mailing Address 26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number 59-3253878 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STROTHER, LINDA
238 SW 96 LANE
OCALA FL 34478

10. Name and Address of New Registered Agent
81 Name Ann Calero
82 Street Address (P.O. Box Number is Not Acceptable) 9080 SE 154 Ln
83
84 City Summerfield FL 85 Zip Code 34491

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 Ann Calero DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRSTOW, MARIE	1.2 NAME	
STREET ADDRESS	10905 SE US HWY 441	1.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAIRSTOW, STEVE	2.2 NAME	
STREET ADDRESS	10905 SE US HWY 441	2.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROTHER, STAN	3.2 NAME	Tom Hubbard
STREET ADDRESS	2520 SW 27TH STREET	3.3 STREET ADDRESS	PO Box 416
CITY-ST-ZIP	OCALA FL	3.4 CITY-ST-ZIP	Belleview FL 34421
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRECHTEL, KATHY	4.2 NAME	
STREET ADDRESS	10751 SW HWY 441	4.3 STREET ADDRESS	10751 SE Hwy 441
CITY-ST-ZIP	BELLEVIEW FL	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROTHER, LINDA	5.2 NAME	Wannell Maxey
STREET ADDRESS	238 SW 96 LANE	5.3 STREET ADDRESS	3351 SE 73 St
CITY-ST-ZIP	OCALA FL	5.4 CITY-ST-ZIP	Ocala Fl 34471
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWAGMAN, JACQUELINE	6.2 NAME	
STREET ADDRESS	5148 SE ABSHIER BLVD	6.3 STREET ADDRESS	
CITY-ST-ZIP	BELLEVIEW FL	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.

CR2E037 (9/96)