


FILE NOW: FILING FEE IS \$61.25

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Jun 03 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002684 (8)**

1. Corporation Name

**KIWANIS CLUB OF BELLEVIEW, INC.**



Principal Place of Business <b>C/O LINDA STROTHER 238 SW 96 LANE OCALA FL 34478 US</b>	Mailing Address <b>C/O LINDA STROTHER 238 SW 96 LANE OCALA FL 34478-7569 US</b>	3. Date Incorporated or Qualified <b>05/23/1994</b>	3a. Date of Last Report <b>07/23/1996</b>
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2. Principal Place of Business <b>9080 SE 154 Ln.</b>	2a. Mailing Address <b>Same</b>	4. FEI Number <b>59-3253878</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22. City & State <b>Summerfield FL</b>	27. City & State <b>Same</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
23. Zip <b>34491</b>	28. Country <b>USA</b>	29. Zip <b>34491</b>	30. Country <b>USA</b>

9. Name and Address of Current Registered Agent <b>STROTHER, LINDA 238 SW 96 LANE OCALA FL 34478</b>		10. Name and Address of New Registered Agent 81. Name <b>Ann Calero</b> 82. Street Address (P.O. Box Number is Not Acceptable) <b>9080 SE 154 Ln</b> 83. 84. City <b>Summerfield</b> <b>FL</b> 85. Zip Code <b>34491</b>	
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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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIRSTOW, MARIE</b>	1.2 NAME	
STREET ADDRESS	<b>10905 SE US HWY 441</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BAIRSTOW, STEVE</b>	2.2 NAME	
STREET ADDRESS	<b>10905 SE US HWY 441</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STROTHER, STAN</b>	3.2 NAME	<b>Tom Hubbard</b>
STREET ADDRESS	<b>2520 SW 27TH STREET</b>	3.3 STREET ADDRESS	<b>PO Box 416</b>
CITY-ST-ZIP	<b>OCALA FL</b>	3.4 CITY-ST-ZIP	<b>Belleview FL 34421</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRECHTEL, KATHY</b>	4.2 NAME	
STREET ADDRESS	<b>10751 SW HWY 441</b>	4.3 STREET ADDRESS	<b>10751 SE Hwy 441</b>
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>STROTHER, LINDA</b>	5.2 NAME	<b>Warrell Maxey</b>
STREET ADDRESS	<b>238 SW 96 LANE</b>	5.3 STREET ADDRESS	<b>8351 SE 73 St</b>
CITY-ST-ZIP	<b>OCALA FL</b>	5.4 CITY-ST-ZIP	<b>Ocala FL 34471</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SWAGMAN, JACQUELINE</b>	6.2 NAME	
STREET ADDRESS	<b>5148 SE ABSHIER BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BELLEVIEW FL</b>	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)