

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 9:35

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # 701684 (3)
1. Corporation Name
KWANIS CLUB OF SOUTH ORLANDO, INCORPORATED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/17/1960	3a. Date of Last Report 07/15/1994
4. FBI Number 59-6153283	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	

Principal Place of Business		Mailing Address	
380 EAST MICHIGAN STREET P.O. BOX 8172 ORLANDO FL 32806-4553		380 EAST MICHIGAN STREET P.O. BOX 8172 ORLANDO FL 32806-4553	
2. Principal Place of Business	2a. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	29
25	30		

9. Name and Address of Current Registered Agent

**DAVIS, BOB
612 E. COLONIAL DR., SUITE 350
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name	85	Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)		
83		
84 City		

Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	☐ Change ☐ Addition
NAME	HATCHER, MARION	1.2 NAME	
STREET ADDRESS	623 CALIBRE CREST #101	1.3 STREET ADDRESS	
CITY - ST - ZIP	ALTAMONTE SPRINGS FL	1.4 CITY - ST - ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	DAVIS, BOB	2.2 NAME	
STREET ADDRESS	612 E. COLONIAL DR.	2.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	HAMMOCK, JOEL	3.2 NAME	
STREET ADDRESS	3600 S. ORANGE AVE.	3.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO, FL 00000	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	FERRIS, CHUCK	4.2 NAME	
STREET ADDRESS	338 E. MICHIGAN ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	BARON, ARTHUR	5.2 NAME	
STREET ADDRESS	640 N. HILLSIDE AVE.	5.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	FREEBURG, HAROLD	6.2 NAME	
STREET ADDRESS	3609 SHAMROCK CT	6.3 STREET ADDRESS	
CITY - ST - ZIP	ORLANDO FL	6.4 CITY - ST - ZIP	

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 119.07(3)(k), 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:

Bob Davis

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.30-95 (407) 648-0713

Date

Signature Page #