

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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



Principal Place of Business Mailing Address
380 EAST MICHIGAN STREET 380 EAST MICHIGAN STREET
P.O. BOX 8172 P.O. BOX 8172
ORLANDO FL 32806-4553 ORLANDO FL 32806-4553

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	11/17/1960	05/01/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-6153283	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
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 Gene Reynolds
82 Street Address (P.O. Box Number is Not Acceptable) 1208 Oakley St.
83
84 City Orlando FL 85 Zip Code 32806

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 Gene Reynolds Gene Reynolds Jan. 26, 1996
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 HATCHER, MARION	1.1 TITLE	Vice President
NAME	623 CALIBRE CREST #101	1.2 NAME	Hatcher, Marion
STREET ADDRESS	ALTAMONTE SPRINGS FL	1.3 STREET ADDRESS	623 Calibre Crest #101
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Altamonte Springs FL
TITLE	P DAVIS, BOB	2.1 TITLE	Secretary
NAME	612 E. COLONIAL DR.	2.2 NAME	Rich Winter
STREET ADDRESS	ORLANDO FL	2.3 STREET ADDRESS	5365 Hansel Ave.
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	S HAMMOCK, JOEL	3.1 TITLE	Treasurer
NAME	3600 S. ORANGE AVE.	3.2 NAME	Gene Reynolds
STREET ADDRESS	ORLANDO, FL 00000	3.3 STREET ADDRESS	1208 Oakley St.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Orlando FL 32806
TITLE	D FERRIS, CHUCK	4.1 TITLE	
NAME	338 E. MICHIGAN ST.	4.2 NAME	
STREET ADDRESS	ORLANDO FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D BARON, ARTHUR	5.1 TITLE	
NAME	640 N. HILLSIDE AVE.	5.2 NAME	
STREET ADDRESS	ORLANDO FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D FREEBURG, HAROLD	6.1 TITLE	President
NAME	3609 SHAMROCK CT	6.2 NAME	Freeburg, Harold
STREET ADDRESS	ORLANDO FL	6.3 STREET ADDRESS	3609 Shamrock Ct.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Orlando FL 32806

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: Gene Reynolds Gene Reynolds Jan. 26, 1996 (407) 898-8730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)