AMOUNT DUE ON OR BEFORE 09/15/99: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State
07-14-1999 90003 027 ****61.25

DOCUMENT # 701684

1. Corporation Name

KIWANIS CLUB OF SOUTH ORLANDO, INCORPORATED

587649 - 90003 - 27

Principal Place of Business	Mailing Address
12 N PRIMROSE DR ORLANDO FL 32803 US	P O BOX 568172 ORLANDO FL 32856-172 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 11/17/1960
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6153283 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FUSSELL, LAWRENCE W JR 2313 S SUMMERLIN AVE ORLANDO FL 32806	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	PULLUM, HARRY G		1.2 NAME	DURHAM, LEONARD	
STREET ADDRESS	1018 SWEETBRIAR RD		1.3 STREET ADDRESS	3906 CASTELL DR	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO FL 32810	
TITLE	S	☒ DELETE	2.1 TITLE	S	☐ Change ☒ Addition
NAME	DAVIS, BOB		2.2 NAME	GALVIN, JAMES	
STREET ADDRESS	110 COVE COLONY RD		2.3 STREET ADDRESS	2022 E ROBINSON ST	
CITY-ST-ZIP	MAITLAND FL		2.4 CITY-ST-ZIP	ORLANDO FL 32803	
TITLE	D	☐ DELETE	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	FUSSELL, LAWRENCE W JR		3.2 NAME		
STREET ADDRESS	2313 S SUMMERLIN AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 00000		3.4 CITY-ST-ZIP	32806	
TITLE	D	☐ DELETE	4.1 TITLE	~~PD~~ D	☒ Change ☐ Addition
NAME	BARON, ARTHUR		4. 2 NAME		
STREET ADDRESS	2144 SANTA ANTILLES RD		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	32806	
TITLE	T	☒ DELETE	5.1 TITLE	T	☐ Change ☒ Addition
NAME	NEW, ROBERT L		5.2 NAME	~~EA BOYD~~ BOYD, EDWARD	
STREET ADDRESS	2613 VINE ST		5.3 STREET ADDRESS	5822 WINGATE DR	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

SIGNATURE: James P Galvin JAMES P GALVIN 7/6/99 407 898-3386
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #