

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703758** (3)  
1. Corporation Name  
**KIWANIS CLUB OF SEBRING, INC.**

Principal Place of Business Mailing Address  
**P.O. BOX 1467 SEBRING FL 33871**

3. Date Incorporated or Qualified  
**03/20/1962**  
4. FEI Number  
**59-6168947**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRIVELLO, KATHLEEN**  
**501 S. CRANE AVE.**  
**SEBRING FL 33872**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MAXOY, GUY</b>	
STREET ADDRESS	<b>740 KILLARNEY DR</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WHITHOUSE, WENDELL</b>	
STREET ADDRESS	<b>445 SOUTH COMMERCE AVENUE</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>F</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>FULCHER, LYNDA</b>	
STREET ADDRESS	<b>8848 ERIN ROAD</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>MEHLING, JOHN</b>	
STREET ADDRESS	<b>1806 BENZ TERRACE</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>CRIVELLO, KATHLEEN</b>	
STREET ADDRESS	<b>501 S. CRANE AVE.</b>	
CITY - ST - ZIP	<b>SEBRING, FL 00000</b>	
TITLE	<b>F</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>KAMPMAN, CARL E</b>	
STREET ADDRESS	<b>4020 RAMIRO STREET</b>	
CITY - ST - ZIP	<b>SEBRING FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Carl Kampman</b>	
1.3 STREET ADDRESS	<b>4020 Ramiro St.</b>	
1.4 CITY - ST - ZIP	<b>Sebring FL</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Shawn Lenihan</b>	
3.3 STREET ADDRESS	<b>1725 Karen Blvd.</b>	
3.4 CITY - ST - ZIP	<b>Sebring Florida 33870</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE	<b>Jeff Carlson</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>3531 U.S. 27 S.</b>	
6.3 STREET ADDRESS	<b>Sebring, Florida 33870</b>	
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(8)(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.

SIGNATURE: **Kathleen Crivello, Secretary, Kathleen Crivello 2/9/98 941-382-2134**

CR2E037 (10/97)