

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # 703758

1. Corporation Name

KIWANIS CLUB OF SEBRING, INC.

Principal Place of Business

P.O. BOX 1467
SEBRING FL 33871

Mailing Address

P.O. BOX 1467
SEBRING FL 33871

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90044 035 ****61.25



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

03/20/1962

4. FEI Number

59-6168947

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 **P** ☒ DELETE

NAME **KAMPMAN, CARL**
STREET ADDRESS **4020 RAMIRO ST**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ DELETE

NAME **WHITHOUSE, WENDELL**
STREET ADDRESS **445 SOUTH COMMERCE AVENUE**
CITY-ST-ZIP **SEBRING FL**

TITLE **D** ☒ DELETE

NAME **LENIHAN, SHAWN**
STREET ADDRESS **1725 KAREN BLVD**
CITY-ST-ZIP **SEBRING FL 33870**

TITLE **TD** ☐ DELETE

NAME **MEHLING, JOHN**
STREET ADDRESS **1606 BENZ TERRACE**
CITY-ST-ZIP **SEBRING FL**

TITLE **SD** ☐ DELETE

NAME **CRIVELLO, KATHLEEN**
STREET ADDRESS **501 S. CRANE AVE.**
CITY-ST-ZIP **SEBRING, FL 00000**

TITLE **D** ☐ DELETE

NAME **CARLSON, JEFF**
STREET ADDRESS **3531 US 27 S**
CITY-ST-ZIP **SEBRING FL 33870**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☒ Addition

1.2 NAME **President**
1.3 STREET ADDRESS **Owens, Grace**
1.4 CITY-ST-ZIP **841 Fielder Blvd.**
Sebring, FL 33870

2.1 TITLE **VP** ☐ Change ☒ Addition

2.2 NAME **Tench, John**
2.3 STREET ADDRESS **231 S Ridgewood Dr.**
2.4 CITY-ST-ZIP **Sebring, Florida 33870**

3.1 TITLE **D** ☒ Change ☒ Addition

3.2 NAME **Debbie Avery**
3.3 STREET ADDRESS **4328 Dunn Ave.**
3.4 CITY-ST-ZIP **Sebring, Florida 33870**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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: **Kathleen Crivello** **KATHLEEN CRIVELLO**

3/9/99

941-385-4060

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

0058448