FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 9:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 704036 (3)

1. Corporation Name
KIWANIS CLUB OF INDIANTOWN, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P. O. BOX 597 INDIANTOWN FL 34956	P. O. BOX 597 INDIANTOWN FL 34956

3. Date Incorporated or Qualified: 05/15/1962
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6166203 ☐ 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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SUMMERS, WILLIAM C 14751 SW AMERICAN ST INDIANTOWN FL 34956	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 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] March 31, 1995
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	P	1.1 TITLE	P	☐ Change ☐ Addition
NAME	SKINNER, MARSHALL	1.2 NAME	Skinner, Marshall	
STREET ADDRESS	3043 SE QUANSET CIRCLE	1.3 STREET ADDRESS	3043 SE Quanset Circle	
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34997	
TITLE	D	2.1 TITLE	V	☒ Change ☐ Addition
NAME	SUMMERS, WILLIAM C	2.2 NAME	Powers, Brian	
STREET ADDRESS	14751 SW AMERICAN ST	2.3 STREET ADDRESS	PO Box 8 , 16600 SW Warfield Blvd	
CITY-ST-ZIP	INDIANTOWN FL	2.4 CITY-ST-ZIP	Indiantown, FL 34956	
TITLE	T	3.1 TITLE	T	☐ Change ☐ Addition
NAME	LEGERE, MYRTLE	3.2 NAME	Legere, Myrtle	
STREET ADDRESS	14402 SW DIVOT DR	3.3 STREET ADDRESS	14402 SW Divot Dr	
CITY-ST-ZIP	INDIANTOWN FL	3.4 CITY-ST-ZIP	Indiantown, Fl 34956	
TITLE	S	4.1 TITLE	S	☐ Change ☐ Addition
NAME	BEARY, MARY	4.2 NAME	Beary, Mary	
STREET ADDRESS	14521 SW DIVOT DR	4.3 STREET ADDRESS	14521 Sw Divot Dr	
CITY-ST-ZIP	INDIANTOWN FL	4.4 CITY-ST-ZIP	Indiantown, Fl 34956	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	LANE, HAL	5.2 NAME	Padgett, Susan	
STREET ADDRESS	15825 SW WARFIELD BLVD, PO BOX 477	5.3 STREET ADDRESS	10510 Jupiter Narrows Dr	
CITY-ST-ZIP	INDIANTOWN FL	5.4 CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	WALL, HOMER	6.2 NAME	Stevens, Larry	
STREET ADDRESS	16500 SW PALOMINO ST, PO BOX 1	6.3 STREET ADDRESS	PO Box 365 , 15588 SW Warfield BLVD	
CITY-ST-ZIP	INDIANTOWN FL	6.4 CITY-ST-ZIP	Indiantown, Fl 34956	

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: Myrtle Legere Myrtle Legere, Treas. 3/30/95 407-597-2107
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #