

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 704036 (3)

1. Corporation Name

KIWANIS CLUB OF INDIANTOWN, FLORIDA, INC.



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  
04/24/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-6166203

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

City & State

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

23

28

24

25

Country

29

30

Country

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	SKINNER, MARSHALL	
STREET ADDRESS	3043 SE QUANSET CIRCLE	
CITY - ST - ZIP	STUART FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POWERS, BRIAN	
STREET ADDRESS	PO BOX 8 16600 SW WARFIELD BLVD	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	LEGERE, MYRTLE	
STREET ADDRESS	14402 SW DIVOT DR.	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BEARY, MARY	
STREET ADDRESS	1421 SW DIVOT DR.	
CITY - ST - ZIP	INDIANTOWN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PADGETT, SUSAN	
STREET ADDRESS	10510 JUPITER NARROWS DR	
CITY - ST - ZIP	HOBE SOUND FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	STEVENS, LARRY	
STREET ADDRESS	PO BOX 365, 15588 SW WARFIELD BLVD.	
CITY - ST - ZIP	INDIANTOWN FL	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<del>SKINNER</del> Powers, Brian	
1.3 STREET ADDRESS	16600 SW Warfield Blvd.	
1.4 CITY - ST - ZIP	Indiantown, FL.	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Padgett, Susan	
2.3 STREET ADDRESS	10510 Jupiter Narrows Dr.	
2.4 CITY - ST - ZIP	Hobe Sound, FL	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Skinner, Marshall	
3.3 STREET ADDRESS	3043 SE Quanset Cir.	
3.4 CITY - ST - ZIP	Stuart, FL.	
4.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Heister, Karen	
4.3 STREET ADDRESS	16401 SW Farms Rd. P.O. 267	
4.4 CITY - ST - ZIP	Indiantown, FL	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	STEVENS, LARRY	
5.3 STREET ADDRESS	PO BOX 365, 15588 SW WARFIELD BLVD	
5.4 CITY - ST - ZIP	INDIANTOWN, FL 34956	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Whitaker, Edgar	
6.3 STREET ADDRESS	PO BOX 422	
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:

*B. Beary, President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96  
Date

407 697 2165  
Daytime Phone #

CR2E037 (12/95)