

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 10 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 # **704036** (3)  
1. Corporation Name  
**KIWANIS CLUB OF INDIANTOWN, FLORIDA, INC.**



Principal Place of Business <b>P. O. BOX 597 INDIANTOWN FL 34956</b>	Mailing Address <b>P. O. BOX 597 INDIANTOWN FL 34956</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>05/15/1962</b>
4. FEI Number <b>59-6166203</b>
<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>BRIAN POWERS 16600 SW WARFIELD BLVD INDIANTOWN FL 34956</b>
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10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	POWERS, BREIAN
STREET ADDRESS	16600 SW WARFIELD BLVD
CITY-ST-ZIP	INDIANTOWN FL
TITLE	S D <input type="checkbox"/> DELETE
NAME	HEIZLER, KAREN
STREET ADDRESS	16401 SW FARMS RD
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SKINNER, MARSHALL
STREET ADDRESS	3043 SE QUANSET CIR
CITY-ST-ZIP	STUART FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WAIDE LORRAINE
STREET ADDRESS	PO BOX 836 N/A
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ADAMS ROD
STREET ADDRESS	PO BOX 248 N/A
CITY-ST-ZIP	INDIANTOWN FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WHITAKER, EDGAR
STREET ADDRESS	PO BOX 422 NA
CITY-ST-ZIP	INDIANTOWN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	President <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Susan Padgett
1.3 STREET ADDRESS	10516 SE Jupiter Narrows
1.4 CITY-ST-ZIP	Hobe Sound, FL. 33455
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Brian Powers
2.3 STREET ADDRESS	16600 SW Warfield Blvd
2.4 CITY-ST-ZIP	Indiantown, FL 34956
3.1 TITLE	D V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bob Howe
3.3 STREET ADDRESS	15867 SW 157th Street
3.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956
4.1 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Hal Lane
4.3 STREET ADDRESS	16205 SW Warfield Blvd.
4.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956
5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	James Carden
5.3 STREET ADDRESS	6201 Pompano Street
5.4 CITY-ST-ZIP	Palm Beach Gardens, FL. 33470
6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Bill Summers
6.3 STREET ADDRESS	14757 SW American St.
6.4 CITY-ST-ZIP	INDIANTOWN, FL. 34956

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.

SIGNATURE: \_\_\_\_\_

CP2E037 (10/97)