


FILE NOW: FILING FEE IS \$61.25

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

03-11-1999 90115 012 ****61.25

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|---|--|---|---|---|--|
| NONPROFIT CORPORATION ANNUAL REPORT 1999 | |  | | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 704497 | | | | | |
| 1. Corporation Name KIWANIS CLUB OF LAKE PLACID INC | | | | | |
| Principal Place of Business 2 INTERLAKE BLVD LAKE PLACID FL 33852 US | | | Mailing Address 2 INTERLAKE BLVD LAKE PLACID FL 33852 US | | |



| | | | | | |
|--------------------------------|---------|---------------------|----------------|--|----|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | P.O. Box 2678 | 09/07/1962 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 59-6210970 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | Lake Placid FL | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip | Country | Zip | Country | Trust Fund Contribution | |
| 24 | | 29 | 33862 | 30 | US |

| | | | | | | | |
|---|--|--|--|--|--|----|----------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| MULLINS, MOSTYN 2 INTERLAKE BLVD LAKE PLACID FL 33852 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | P.O. Box 2678 | | |
| | | | | 84 | City | 85 | Zip Code |
| | | | | | Lake Placid | FL | 33852 |

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 MOSTYN MULLINS 2/3/99
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 | SD | <input type="checkbox"/> DELETE | | 1.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | MACKENZIE, SUSAN | | | 1.2 NAME | | | |
| STREET ADDRESS | 151 ALDERMAN ROAD | | | 1.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | LAKE PLACID FL 33852 | | | 1.4 CITY-ST-ZIP | | | |
| TITLE | PD | <input checked="" type="checkbox"/> DELETE | | 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | CHANDLER, WILLIS | | | 2.2 NAME | MULLINS, MOSTYN | | |
| STREET ADDRESS | 125 PARK AVENUE E | | | 2.3 STREET ADDRESS | 1506 Walnut Ave. | | |
| CITY-ST-ZIP | LAKE PLACID FL | | | 2.4 CITY-ST-ZIP | Lake Placid, FL | | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE | | 3.1 TITLE | TD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| NAME | MULLINS, MOSTYN | | | 3.2 NAME | Rice, Stephen L | | |
| STREET ADDRESS | 1506 WALNUT AVE | | | 3.3 STREET ADDRESS | 125 Park Ave. E | | |
| CITY-ST-ZIP | LAKE PLACID FL | | | 3.4 CITY-ST-ZIP | Lake Placid FL | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 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: MOSTYN MULLINS 2-3-99 941-465-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)