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 MAR 23 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA.

DOCUMENT # 705035 (4)

1. Corporation Name

KIWANIS CLUB OF SEMINOLE FLORIDA INC

Principal Place of Business	Mailing Address
P.O. BOX 3147 SEMINOLE FL 34642	P.O. BOX 3147 SEMINOLE FL 34642

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/10/1963
3a. Date of Last Report: 11/14/1994
4. FEI Number: 59-6168948 ☐ 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

BITTING, DONALD
13911 105TH TERR. N.
SEMINOLE FL 34642

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PRESIDENT ☒ Change ☐ Addition
NAME	ZAZZARRO, STEVE	1.2 NAME	KINSEY, DOUG
STREET ADDRESS	11470 72ND TERR N	1.3 STREET ADDRESS	11494-88TH AVE. N.
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	SEMINOLE, FL. 34646
TITLE	D	2.1 TITLE	DIRECTOR ☐ Change ☒ Addition
NAME	MILLER, WILLIAM R.	2.2 NAME	HARTSTEIN, BILL
STREET ADDRESS	7901 SEMINOLE BOULEVARD	2.3 STREET ADDRESS	11189 - VALENCIA AVE. N.
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	GRANT, ROBERT	3.2 NAME	
STREET ADDRESS	13300 WALSINGHAM RD. #42	3.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	TREASURER ☐ Change ☒ Addition
NAME	HEALEY, JOHN	4.2 NAME	STAPLETON, CARLTON
STREET ADDRESS	9112 CHERRY TRACE	4.3 STREET ADDRESS	1066-42ND AVE N.E.
CITY-ST-ZIP	SEMINOLE FL	4.4 CITY-ST-ZIP	ST. PETERSBURG, FL. 33703
TITLE	VD	5.1 TITLE	VICE PRESIDENT ☐ Change ☒ Addition
NAME	KINSEY, HAROLD	5.2 NAME	CARR, TERRY
STREET ADDRESS	11494 - 88TH AVE N.	5.3 STREET ADDRESS	13085 - 96TH AVENUE NORTH
CITY-ST-ZIP	SEMINOLE FL	5.4 CITY-ST-ZIP	SEMINOLE, FL. 34646
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(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: Carlton Stapleton 3/9/95 813-381-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CARLTON STAPLETON

0067177