

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 # 708622 (6)

1. Corporation Name

KIWANIS CLUB OF AVON PARK, FLORIDA, INC.



Principal Place of Business

**223 HILLCREST DR.
AVON PARK FL 33825-9261
US**

Mailing Address

**223 HILLCREST DR.
AVON PARK FL 33825-9261
US**

3. Date Incorporated or Qualified
03/11/1965

3a. Date of Last Report
04/19/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-6168894

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**

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

**CHRISTMAN, JAMES H
223 HILLCREST DR.
AVON PARK FL 33825**

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP

**D WHITE, WALLACE
911 W. PALMETTO ST
AVON PARK FL** ☒ DELETE

**D WRIGHT, JOHN
1081 E. CORNELL ST.
AVON PARK FL** ☒ DELETE

**P SLIVA, BRENDA
PO BOX 155 N/A
AVON PARK FL** ☒ DELETE

**TD CHRISTMAN, JAMES H
223 HILLCREST DR.
AVON PARK FL** ☐ DELETE

**SD THOMAS, WAYNE
1424 N. U.S. HWY 27
AVON PARK FL** ☒ DELETE

**D HALLAM, THOMAS
26 E. THOMAS ST.
AVON PARK FL** ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP ☐ Change ☒ Addition

**D CRAVEY, JAMES M.
947 LAKE ANGELA DR
AVON PARK, FL 33825** ☐ Change ☒ Addition

**D FARMER, JACK
1120 E. LAKE LOTELA DR
AVON PARK, FL 33825** ☐ Change ☒ Addition

**P ROBERT LEAPHART
2000 FAIRMOUNT DR
SEBRING, FL 3387** ☐ Change ☒ Addition

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP ☐ Change ☐ Addition

**SD STEVE HORNINGER
500 US 27 S. LOT 120
FRUIT PROOF, FL 33843** ☐ Change ☒ Addition

6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

James H. Christman **JAMES H. CHRISTMAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

30 April 1996

Date

(941) 452-5862

Daytime Phone #

CR2E037 (12/95)