

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
May 19 1997 8:00am
Secretary of State

DOCUMENT # 708622 (6)

1. Corporation Name

KIWANIS CLUB OF AVON PARK, FLORIDA, INC.

Principal Place of Business

Mailing Address

223 HILLCREST DR.
AVON PARK FL 33825-9261
US

223 HILLCREST DR.
AVON PARK FL 33825-9261
US



3. Date incorporated or Qualified
03/11/1965

3a. Date of Last Report
05/01/1996

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

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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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME CRAVEY, JAMES M.
STREET ADDRESS 947 LAKE ANGELO DRIVE ✓
CITY-ST-ZIP AVON PARK FL

TITLE D
NAME FARME, JACK
STREET ADDRESS 1120 E. LAKE LOTELA DRIVE
CITY-ST-ZIP AVON PARK FL

TITLE P
NAME LEAPHART, ROBERT
STREET ADDRESS 2000 FAIRMOUNT DRIVE ✓
CITY-ST-ZIP SEBRING FL

TITLE TD
NAME CHRISTMAN, JAMES H
STREET ADDRESS 223 HILLCREST DR.
CITY-ST-ZIP AVON PARK FL

TITLE SD
NAME HORINGER, STEVE
STREET ADDRESS 500 US 27 SOUTH LOY 120
CITY-ST-ZIP FROSTPROOF FL

TITLE D
NAME HALLAM, THOMAS
STREET ADDRESS 26 E. THOMAS ST.
CITY-ST-ZIP AVON PARK FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

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

REV. JAMES COATES
2400 BRUNSWICK RD.,
AVON PARK, FL 33825

D MAX DUKE
1010 W. MAIN ST.,
AVON PARK, FL 33825

S/D
REV. RONALD L. HOLLEY
102 E. PALMETTO ST., AVON PARK, FL 33825

14. I do 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:

SIGNATURE AND TITLE OF REGISTERED AGENT, NAME OF OFFICER, MANAGER OR DIRECTOR

12 MAY 1997

Date (941) 452-5862 20063402

CR2E037 (9/96)