

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

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

4. FEI Number

59-6168894

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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 -9261**

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

James H. Christman

27 JAN 1998

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

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

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **P**
STREET ADDRESS **COATES, JAMES R**
CITY-ST-ZIP **2400 BRUNSWICK RD**
AVON PARK FL

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME **D**
STREET ADDRESS **LEAPHART, ROBERT**
CITY-ST-ZIP **2000 FAIRMOUNT DRIVE**
SEBRING FL

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

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

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☒ Addition

NAME **D**
STREET ADDRESS **DUKE, MAX**
CITY-ST-ZIP **1010 W MAIN ST**
AVON PARK FL

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **SD**
STREET ADDRESS **HOLLEY, RONALD L REV**
CITY-ST-ZIP **102 E PALMETTO ST**
AVON PARK FL

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

James H. Christman

27 JAN '98 (94) 452-5862

CR2E037 (10/97)