


FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90111 026 ****61.25

543379 - 90001 - 47

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 711165 1. Corporation Name KIWANIS CLUB OF DELTONA, FLORIDA, INC.		
Principal Place of Business	Mailing Address	
GEORGE DYE 541 BELLTOWER AVENUE DELTONA FL 32725-8061 US	GEORGE DYE 541 BELLTOWER AVENUE DELTONA FL 32725-8061 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suits, Apt. #, etc.	2b. Suits, Apt. #, etc.	07/11/1966
22. City & State	27. City & State	4. FEI Number
23. Zip	28. Zip	59-6164576
24. Country	29. Country	Applied For
		Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input type="checkbox"/>
10. Name and Address of New Registered Agent		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

GEORGE DYE 541 BELLTOWER AVENUE DELTONA FL 32725		81. Name	BUD PRESTON
		82. Street Address (P.O. Box Number is Not Acceptable)	3021 ETTA GIBBLE
		83. City	Deltona
		84. City	DELTONA FL 32725

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: *Bud Preston* DATE: 4/12/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRAVER, DONALD	1.2 NAME	KING, EMANUEL
STREET ADDRESS	2008 W BURLINGTON DR.	1.3 STREET ADDRESS	1601 RANDOLPH ST
CITY-ST-ZIP	DELTONA FL	1.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUVERARD, WEL	2.2 NAME	DAVID, PAT
STREET ADDRESS	2182 MAINLN CT	2.3 STREET ADDRESS	2652 Hibiscus Ct
CITY-ST-ZIP	DELTONA, FL 00000	2.4 CITY-ST-ZIP	DELTONA FL 32728
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GWALTNEY, RPY	3.2 NAME	MARDESSY, TOMO
STREET ADDRESS	2074 SMOOK DRIVE	3.3 STREET ADDRESS	1661 PROVIDENCE BLVD
CITY-ST-ZIP	DELTONA FL	3.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JONES, HORACE	4.2 NAME	WHITE, JERRY
STREET ADDRESS	1380 WOODBINE AVE	4.3 STREET ADDRESS	950 CENTENNIAL AVE
CITY-ST-ZIP	DELTONA FL	4.4 CITY-ST-ZIP	DELTONA FL 32738
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EBERT, ARTHUR	5.2 NAME	ZIMNY, ANNA
STREET ADDRESS	960 DELTONA BLVD	5.3 STREET ADDRESS	1401 MEADOW LAKE LAKE
CITY-ST-ZIP	DELTONA, FL 00000	5.4 CITY-ST-ZIP	DELTONA FL 32725
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAY, RICHARD A	6.2 NAME	CARMOLINGO, MICHAEL
STREET ADDRESS	705 JENA DR	6.3 STREET ADDRESS	3126 SHALLOWFORD SA
CITY-ST-ZIP	DELTONA FL 32725	6.4 CITY-ST-ZIP	DELTONA FL 32738

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: *Signature of Emanuel King* DATE: 3/5/99 DAYTON PHONE #: 407-574-7380

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Emanuel King DATE: 5/5/99 DAYTON PHONE #: 407-574-7380

CR2E037 (1/199)