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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 23 AM 9:02

DOCUMENT # 711698 (1)

1. Corporation Name

KIWANIS CLUB OF GATOR CITY, GAINESVILLE, FLORIDA , INC.

Principal Place of Business	Mailing Address
1820-04 NW 2ND AVE P O BOX 12213 UNIV STATION GAINESVILLE FL 32604	1820-04 NW 2ND AVE P O BOX 12213 UNIV STATION GAINESVILLE FL 32604

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/27/1966
3a. Date of Last Report: 03/04/1994
4. FEI Number: 59-6194200 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): NO CHANGE
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24): Country (25):
Zip (29): Country (30):

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

9. Name and Address of Current Registered Agent

BIALEK, JEFFREY LEE
1820 N.W. 2ND AVE.
APT. 4
GAINESVILLE FL 32604

10. Name and Address of New Registered Agent

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 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: Jeffrey L. Bialek — 1/17/95
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstated. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	President/Director	☒ Change ☐ Addition
NAME	COMBS, GARY W.	1.2 NAME	Carole P. Bonds	
STREET ADDRESS	7220 SW 8TH AVE. #D-21	1.3 STREET ADDRESS	1217 N.W 51st Terrace	
CITY-ST-ZIP	GAINSVILLE FL	1.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	TDS	2.1 TITLE	NO CHANGE	☐ Change ☐ Addition
NAME	BIALEK, JEFFREY LEE	2.2 NAME		
STREET ADDRESS	1820-04 N.W. 2ND AVE.	2.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE, FL 00000	2.4 CITY-ST-ZIP		
TITLE	VD	3.1 TITLE	Vice President/Director	☒ Change ☐ Addition
NAME	WALKER, J. KENT	3.2 NAME	Lindamood, Patsy J.	
STREET ADDRESS	7703 SW 4TH PLACE	3.3 STREET ADDRESS	4732 N. W. 31st Terrace	
CITY-ST-ZIP	GAINESVILLE FL	3.4 CITY-ST-ZIP	Gainesville, Fl. 32606	
TITLE	PD	4.1 TITLE	President-Elect/Director	☒ Change ☐ Addition
NAME	FRIEDLANDER, GARY G.	4.2 NAME	Shepard, Clinton L.	
STREET ADDRESS	5826 NW 27 STREET	4.3 STREET ADDRESS	3510 N. W. 29th Terrace	
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, Fl. 32605	
TITLE	VD	5.1 TITLE	Immediate Past President/Dir.	☐ Change ☐ Addition
NAME	LEAHY, THOMAS M JR	5.2 NAME	Leahy, Thomas M.	
STREET ADDRESS	10 NW 88 TERR	5.3 STREET ADDRESS	10 N. W. 88th Terrace	
CITY-ST-ZIP	GAINESVILLE FL	5.4 CITY-ST-ZIP	Gainesville, Fl. 32607	
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: Jeffrey L. Bialek — 1/17/95 — 904 376-8886
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR — Date — Daytime Phone #

0029806