

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 711698

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



3. Date Incorporated or Qualified

10/27/1966

3a. Date of Last Report

01/23/1995

2. Principal Place of Business

2a. Mailing Address

21 1820 N. W. 2nd Avenue

26 Post Office Box 12213

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Apartment 4

27 Not Applicable

City & State

City & State

23 Gainesville, Florida

28 Gainesville, Florida

Zip

Country

Zip

Country

24 32603

25 Alachua

29 32604-0213

30 Alachua

4. FEI Number

59-6194200

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

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

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	PD	<input type="checkbox"/> DELETE
NAME	BONDS, CAROLE P.	
STREET ADDRESS	1217 N W 51ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	TDS	<input type="checkbox"/> DELETE
NAME	BIALEK, JEFFREY LEE	
STREET ADDRESS	1820-04 N.W. 2ND AVE.	
CITY-ST-ZIP	GAINESVILLE, FL 00000	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	LINDAMOOD, PATSY J.	
STREET ADDRESS	4732 N. W. 31ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	SHEPARD, CLINTON L.	
STREET ADDRESS	3510 N.W. 29TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	PPD	<input type="checkbox"/> DELETE
NAME	LEAHY, THOMAS M.	
STREET ADDRESS	10 N.W. 88TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Shepard, Clinton L.	
1.3 STREET ADDRESS	3510 N. W. 29th Terrace	
1.4 CITY-ST-ZIP	Gainesville, Florida 32605	
2.1 TITLE	TDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Bialek, Jeffrey L.	
2.3 STREET ADDRESS	1820-04 N. W. 2nd Avenue	
2.4 CITY-ST-ZIP	Gainesville, Florida 32604	
3.1 TITLE	P-ED	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Lindamood, Patsy J.	
3.3 STREET ADDRESS	4732 N.W. 31st Terrace	
3.4 CITY-ST-ZIP	Gainesville, Florida 32606	
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	King, E. Charles	
4.3 STREET ADDRESS	2418 N. W. 63rd Terrace	
4.4 CITY-ST-ZIP	Gainesville, Florida 32606	
5.1 TITLE	PPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Bonds, Carole P.	
5.3 STREET ADDRESS	1217 N. W. 51st Terrace	
5.4 CITY-ST-ZIP	Gainesville, Florida 32605	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/23/96

352 375-8886

Date

Daytime Phone #

CR2E037 (12/95)