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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **711698** (1)

1. Corporation Name

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

Principal Place of Business

Mailing Address

1820 N.W. 2ND AVENUE
APT. 4
GAINESVILLE FL 32603
US

P.O. BOX 12213
GAINESVILLE FL 32604-0213
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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

NOTE: NO CHANGE IN MAILING ADDRESS!!!

81

Name **Bialek, Jeffrey L.**

82

Street Address (P.O. Box Numbers Not Acceptable)

3540 S W Archer Road Lot 85

83

84

City

Gainesville

FL

85 Zip Code

32698

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 **Jeffrey L. Bialek**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE **1/17/97**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PPD** ☐ DELETE
NAME **SHEPARD, CLINTON L**
STREET ADDRESS **3510 N.W. 20TH TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

1.1 TITLE **Immediate Past President** ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TDS** ☐ DELETE
NAME **BIALEK, JEFFREY L**
CITY-ST-ZIP **GAINESVILLE FL**

2.1 TITLE **TDS** ☒ Change ☐ Addition
2.2 NAME **Bialek, Jeffrey L**
2.3 STREET ADDRESS **3540 SW Archer Road Lot 85**
2.4 CITY-ST-ZIP **Gainesville, FL 32608**

TITLE **PPD** ☐ DELETE
NAME **LINDAMOOD, PATSY J**
STREET ADDRESS **4732 N.W. 31ST TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

3.1 TITLE **President** ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE **P-ED** ☐ DELETE
NAME **KING, E C**
STREET ADDRESS **2418 N.W. 63RD TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

4.1 TITLE **President-Elect** ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **PPD** ☐ DELETE
NAME **BONDS, CAROLE P**
STREET ADDRESS **1217 N.W. 51ST TERRACE**
CITY-ST-ZIP **GAINESVILLE FL**

5.1 TITLE **Director** ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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: **Jeffrey L. Bialek**

1/17/97

(352) 376-8886

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)