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Jan 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

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

Mailing Address

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

3. Date Incorporated or Qualified

10/27/1966

4. FEI Number

59-6194200

Applied For
Not Applicable

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
3540 S.W. ARCHER ROAD
LOT 85
GAINESVILLE FL 32698**

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 checked="" type="checkbox"/> DELETE
NAME	SHEPARD, CLINTON L	
STREET ADDRESS	3510 N.W. 29TH TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	E. Charles King	
1.3 STREET ADDRESS	2418 N.W. 63rd Terrace	
1.4 CITY-ST-ZIP	Gainesville, FL 32606-6385	<input type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	TDS	<input type="checkbox"/> DELETE
NAME	BAILEK, JEFFREY	
STREET ADDRESS	3540 S.W. ARCHER ROAD, LOT 85	
CITY-ST-ZIP	GAINESVILLE FL	

2.1 TITLE	TDS	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LINDAMOOD, PATSY J	
STREET ADDRESS	4732 N.W. 31ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

3.1 TITLE	Pres Elec/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Michael W. Mironack	
3.3 STREET ADDRESS	4817 NW 37th Place	
3.4 CITY-ST-ZIP	Gainesville, FL 32606-7219	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KING, E C	
STREET ADDRESS	2418 N.W. 63RD TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

4.1 TITLE	vp/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Samuel S. Welker	
4.3 STREET ADDRESS	1605 NE 6th Terrace	
4.4 CITY-ST-ZIP	Gainesville, FL 32609-3792	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BONDS, CAROLE P	
STREET ADDRESS	1217 N.W. 51ST TERRACE	
CITY-ST-ZIP	GAINESVILLE FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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:

[Signature]

1/13/98

1-800-352-376-8886

CR2E037 (10/97)