


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90073 024 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 711698</b>					
1. Corporation Name <b>KIWANIS CLUB OF GATOR CITY, GAINESVILLE, FLORIDA, INC.</b>					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 3540 S.W. Archer Road		26 P.O. Box 12213		10/27/1966	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
22 Lot 85		27		4. FEI Number	
City & State		City & State		59-6194200	
23 Gainesville, Florida		28 Gainesville, Florida		Applied For	
Zip 32608		Zip 32604		Not Applicable	
Country		Country		5. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
32608		32604		0213	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	
BIALEK, JEFFREY LEE 3540 S.W. ARCHER ROAD LOT 85 GAINESVILLE FL 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VPD
NAME	KING, CHARLES E	1.2 NAME	Penland, Arnold C., Jr.
STREET ADDRESS	2418 N.W. 63RD TERRACE	1.3 STREET ADDRESS	2809 S W 81st Street
CITY-ST-ZIP	GAINESVILLE FL 32606	1.4 CITY-ST-ZIP	Gainesville, Fl. 32607-4707
TITLE	TDS	2.1 TITLE	TDS
NAME	BAILEK, JEFFREY	2.2 NAME	Jeffrey L. Bialek
STREET ADDRESS	3540 S.W. ARCHER ROAD, LOT 85	2.3 STREET ADDRESS	3540 SW Archer Rd Lot 85
CITY-ST-ZIP	GAINESVILLE FL 32608	2.4 CITY-ST-ZIP	Gainesville, FL 32608
TITLE	PED	3.1 TITLE	PD
NAME	MIRONACK, MICHAEL W	3.2 NAME	Mironak, Michael W.
STREET ADDRESS	4817 N.W. 37TH PLACE	3.3 STREET ADDRESS	4817 NW 37th Place
CITY-ST-ZIP	GAINESVILLE FL 32606	3.4 CITY-ST-ZIP	Gainesville, Fl 32606
TITLE	PD	4.1 TITLE	D
NAME	KING, E C	4.2 NAME	King E. Charles
STREET ADDRESS	2418 N.W. 63RD TERRACE	4.3 STREET ADDRESS	2418 NW 63rd Terrace
CITY-ST-ZIP	GAINESVILLE FL	4.4 CITY-ST-ZIP	Gainesville, Fl. 32606-6385
TITLE	VPD	5.1 TITLE	PED
NAME	WELKER, SAMUEL S	5.2 NAME	Welker, Samuel S.
STREET ADDRESS	1605 N.E. 6TH TERRACE	5.3 STREET ADDRESS	1605 NE 6th Terrace
CITY-ST-ZIP	GAINESVILLE FL 32609	5.4 CITY-ST-ZIP	Gainesville, FL 32609-3792
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/19/99 352 376-8886