


FILE NOW: FILING FEE IS \$61.25

FILED  
Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **713022** (2)  
1. Corporation Name

**KIWANIS CLUB OF WARRINGTON, FLORIDA, INC.**



Principal Place of Business	Mailing Address
202 REED ROAD P O BOX 4893 PENSACOLA FL 32507	202 REED ROAD P O BOX 4893 PENSACOLA FL 32507

3. Date Incorporated or Qualified

**07/05/1967**

4. FEI Number

**59-6151469**

Applied For

Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FLYTHE, F. COURTNEY**  
**202 REED RD.**  
**PENSACOLA FL 32507**

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 **F. Courtney Flythe, Secy/Treas.**

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

(NOTE: Registered Agent signature required when registering)

**12 JAN 98**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>HOWELL, PHILLIP S.</b>	
STREET ADDRESS	<b>101 S. JEFFERSON ST.</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

1.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>James E. Covan</b>	
1.3 STREET ADDRESS	<b>1964 Southwind Circle</b>	
1.4 CITY-ST-ZIP	<b>Pensacola, FL 32506</b>	

TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>COVAN, JAMES E.</b>	
STREET ADDRESS	<b>7351 TEMPLETON ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

2.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Jack Cristwell</b>	
2.3 STREET ADDRESS	<b>5055 Prieto Drive</b>	
2.4 CITY-ST-ZIP	<b>Pensacola, FL 32506</b>	

TITLE	<b>ST</b>	<input type="checkbox"/> DELETE
NAME	<b>FLYTHE, F. COURTNEY</b>	
STREET ADDRESS	<b>202 REED RD</b>	
CITY-ST-ZIP	<b>PENSACOLA, FL 00000</b>	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SCHEYE, EDWARD H. J</b>	
STREET ADDRESS	<b>7990 CHESTERFIELD ROAD</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

4.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>William E. Heisler</b>	
4.3 STREET ADDRESS	<b>1432 Lemhurst Road</b>	
4.4 CITY-ST-ZIP	<b>Pensacola, FL 32507</b>	

TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>JANSEN, ALAN L.</b>	
STREET ADDRESS	<b>591 HERITAGE LAKES DRIVE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

5.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Billy A. Ohl, Jr.</b>	
5.3 STREET ADDRESS	<b>5529 Shadow Grove Blvd.</b>	
5.4 CITY-ST-ZIP	<b>Pensacola, FL 32526</b>	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>GILL, ROBERT L.</b>	
STREET ADDRESS	<b>2031 BROYHILL LANE</b>	
CITY-ST-ZIP	<b>PENSACOLA FL</b>	

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: **F. Courtney Flythe**

**850-456-3583**

CR2E037 (10/97)