

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 22 1997 8:00am
Secretary of State

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # 715213 (5)
1. Corporation Name
KWANIS CLUB OF ORLANDO CHARITIES, INC.



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|--|---|
| Principal Place of Business 102 W ANDERSON STREET ORLANDO FL 32801 | Mailing Address 102 W ANDERSON STREET ORLANDO FL 32801-3601 |
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|---|----------------------|--|----------------------|
| 3. Date Incorporated or Qualified 09/06/1968 | | 3a. Date of Last Report 01/31/1996 | |
| 2. Principal Place of Business 21 | | 4. FEI Number 59-1628446 | |
| 2a. Mailing Address 26 | | Applied For <input type="checkbox"/> Not Applicable | |
| Suite, Apt. #, etc. 22 | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| City & State 23 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| RIFFLE, GERTRUDE 102 W ANDERSON STREET ORLANDO FL 32801 | | | | 81 Name | | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | FL | | | |

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 | PATIENCE, MICHAEL <input type="checkbox"/> DELETE | 1.1 TITLE PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 430 DAVIS DRIVE | 1.2 NAME Murdock John R. | |
| STREET ADDRESS | ORLANDO FL | 1.3 STREET ADDRESS 124 Channel Drive | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP Lake Mary FL | |
| TITLE TD | LINDER, ROBERT <input type="checkbox"/> DELETE | 2.1 TITLE TD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 200 S. ORANGE AVE. | 2.2 NAME Robert Linder, Robert | |
| STREET ADDRESS | ORLANDO FL | 2.3 STREET ADDRESS 501 E. Jackson St | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP Orlando FL | |
| TITLE VD | ROPER, JOHN <input type="checkbox"/> DELETE | 3.1 TITLE VD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | 225 BRIGADOON PT | 3.2 NAME Dan Koivu | |
| STREET ADDRESS | ORLANDO FL | 3.3 STREET ADDRESS 1836 Woodward St | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP Orlando FL | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(j), 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: *Robert Linder* **1/8/97**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0015903

CR2E037 (9/96)