

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortonham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 PM 8:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # 718062 (3)**

1. Corporation Name

**KWANIS CLUB OF WEST ORANGE, INC.**

Principal Place of Business

Mailing Address

PO BOX 922  
ORLANDO FL 32802  
US

PO BOX 922  
ORLANDO FL 32802  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/12/1970** 3a. Date of Last Report **08/15/1994**

4. FEI Number **59-0578342** Applied For  Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MAGILL, PATRICK M.  
2110 E ROBINSON ST  
ORLANDO FL 32803**

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 607.0502 and 607.1508, 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 607.0505, 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 ~~XXXX~~  
NAME **RESNIK, JOHN**  
STREET ADDRESS **407 ABBEY RIDGE CT**  
CITY - ST - ZIP **OCOCHEE FL**

1.1 TITLE **VPD**  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

TITLE **V**  
NAME **MAGILL, PATRICK**  
STREET ADDRESS **2110 E ROBINSON ST**  
CITY - ST - ZIP **ORLANDO FL**

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

TITLE ~~XXXX~~  
NAME ~~XXXXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~  
CITY - ST - ZIP ~~XXXXXXXXXX~~

3.1 TITLE **PD**  Change  Addition  
3.2 NAME **Phillips, William**  
3.3 STREET ADDRESS **2210 Glencoe**  
3.4 CITY - ST - ZIP **Winter Park, FL 32789**

TITLE ~~XXXX~~  
NAME ~~XXXXXXXXXXXXXXXX~~  
STREET ADDRESS ~~XXXXXXXXXXXXXXXXXXXX~~  
CITY - ST - ZIP ~~XXXXXXXXXX~~

4.1 TITLE **TD**  Change  Addition  
4.2 NAME **Strosnider, Ron**  
4.3 STREET ADDRESS **3416 Johio Shores Drive**  
4.4 CITY - ST - ZIP **Ocoee, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE **SD**  Change  Addition  
5.2 NAME **Carlsson, Frank**  
5.3 STREET ADDRESS **408 Orlando Ave., #A3**  
5.4 CITY - ST - ZIP **Ocoee, FL 34761**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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 required, or as an attachment with an acknowledgment.

SIGNATURE:

**William Phillip 4/25/95 407/894-1002**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

City/State/Zip