

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 718062 (3)
1. Corporation Name
KIWANIS CLUB OF WEST ORANGE, INC.



Principal Place of Business: PO BOX 922 ORLANDO FL 32802 US
Mailing Address: PO BOX 922 ORLANDO FL 32802 US

3. Date Incorporated or Qualified: 02/12/1970
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-0578342	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
	City & State		City & State		<input type="checkbox"/>	
23	Zip	28	Country	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	Zip		Country		<input type="checkbox"/>	
24	25	29	30	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RESNIK, JOHN X	1.2 NAME	Robert W. Williams
STREET ADDRESS	107 ABBEY RIDGE CT	1.3 STREET ADDRESS	905 Hawaii Drive
CITY-ST-ZIP	OROE, FL	1.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	X <input checked="" type="checkbox"/> DELETE	2.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAGILL, PATRICK X	2.2 NAME	Jim Gleason
STREET ADDRESS	2110 E ROBINSON ST	2.3 STREET ADDRESS	856 Hammocks Drive
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	PD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, WILLIAM	3.2 NAME	
STREET ADDRESS	2210 GLENCOE	3.3 STREET ADDRESS	1607 Ison Lane
CITY-ST-ZIP	WINTER PARK FL	3.4 CITY-ST-ZIP	Ocoee, FL 34761
TITLE	XD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STROENDER, BON	4.2 NAME	Sheila Blanton-Monson
STREET ADDRESS	2418 WINDY SHORES DRIVE	4.3 STREET ADDRESS	2416 Piedmont Lakes Blvd.
CITY-ST-ZIP	OROE, FL	4.4 CITY-ST-ZIP	Apopka, FL 32703
TITLE	XD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARLSON, FRANK	5.2 NAME	Donna Leigaber
STREET ADDRESS	108 ORLANDO AVE WAX	5.3 STREET ADDRESS	901 Spring Creek Drive
CITY-ST-ZIP	OROE, FL	5.4 CITY-ST-ZIP	Ocoee, FL 34761
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ DATE: 2/20/96 407/894-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)