FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAR -3 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722019 (7)

1. Corporation Name

KIWANIS CLUB OF SUN CITY CENTER, FLORIDA, INC.

Principal Place of Business	Mailing Address
KIWANIS CLUB OF SUN CITY CENTER FLORIDA. I P.O. BOX 5753 SUN CITY CENTER FL 33571 US	P.O. BOX 5753 SUN CITY CENTER FL 33571 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1971	3a. Date of Last Report: 02/10/1994
4. FEI Number: 23-7190587	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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

CRISSMAN,R.W.
714 OJAI AVE.
SUN CITY CENTER FL 33571

10. Name and Address of New Registered Agent

81 Name: GORDON SEVOLD
82 Street Address (P.O. Box Number is Not Acceptable): 1808 DANBURY DR
83 SUN CITY CTR, FL 33573
84 City: FL 85 Zip Code: 33573

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: Gordon V. Sevold 01/30/95
Signature, type or print 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	S	1.1 TITLE		☐ Change ☐ Addition
NAME	GOBES, F.E.	1.2 NAME		
STREET ADDRESS	715 ELKHORD R.	1.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	PRES.	☒ Change ☐ Addition
NAME	ELLIOTT, JAMES L.	2.2 NAME	ALLEN BUTCHERI	
STREET ADDRESS	1802 WOLF LAUREL DR.	2.3 STREET ADDRESS	2032 HAWKHURST CT	
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	SUN CITY CTR FL 33573	
TITLE	V	3.1 TITLE	V P	☒ Change ☐ Addition
NAME	BUTCHERI, A H	3.2 NAME	CHARLES FINCH	
STREET ADDRESS	2032 HAWKHURST CT	3.3 STREET ADDRESS	303 CWB MANOR DR	
CITY-ST-ZIP	SUN CITY CTR FL	3.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE	T	4.1 TITLE	TREAS	☒ Change ☐ Addition
NAME	CRISSMAN, ROBERT W.	4.2 NAME	GORDON SEVOLD	
STREET ADDRESS	714 OJAI AVENUE	4.3 STREET ADDRESS	1808 DANBURY DR	
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	SUN CITY CENTER FL 33573	
TITLE		5.1 TITLE	Director	☐ Change ☐ Addition
NAME		5.2 NAME	Robert Langedale	
STREET ADDRESS		5.3 STREET ADDRESS	1908 Canterbury Lane	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	Director	6.1 TITLE	Director	☐ Change ☐ Addition
NAME	Rev. Frank Nauman	6.2 NAME	John Scallen	
STREET ADDRESS	1117 Opal Lane	6.3 STREET ADDRESS	2135 Hailstone Rd.	
CITY-ST-ZIP	Sun City Center, FL 33573	6.4 CITY-ST-ZIP	Sun City Center, FL	

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)(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: Gordon V. Sevold 01/30/95 813-634-3174
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000304