

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

FILED
Feb 14, 1996 08:00 AM
Secretary of State

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

3. Date Incorporated or Qualified 11/05/1971
3a. Date of Last Report 03/03/1995

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 Country 30 Country

4. FEI Number 23-7190587
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~SEVOLD, GORDON
1808 DANBURY DRIVE
SUN CITY CENTER FL 33573~~

81 Name Riddle, William
82 Street Address (P.O. Box Number is Not Acceptable)
1010 American Eagle Drive, #322
83
84 City Sun City Center FL 85 Zip Code 33573

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 *William A. Riddle, Treasurer* 2/5/96
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 '92	
TITLE	S ☐ DELETE	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 ☒ DELETE	2.1 TITLE	☐ Change ☒ Addition
NAME	BUTCHER, ALLEN	2.2 NAME	Finch, Charles
STREET ADDRESS	2032 HAWKHURST COURT	2.3 STREET ADDRESS	303 Club Manor Dr.
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, FL
TITLE	VP ☒ DELETE	3.1 TITLE	☐ Change ☒ Addition
NAME	FINCH, CHARLES	3.2 NAME	Risley, Leonard
STREET ADDRESS	303 CLUB MANOR DRIVE	3.3 STREET ADDRESS	633 Ft. Duquesna Drive
CITY-ST-ZIP	SUN CITY CTR FL	3.4 CITY-ST-ZIP	Sun City Center, FL
TITLE	T ☒ DELETE	4.1 TITLE	☐ Change ☒ Addition
NAME	SEVOLD, GORDON	4.2 NAME	Riddle, William
STREET ADDRESS	1808 DANBURY DRIVE	4.3 STREET ADDRESS	1010 American Eagle Drive #322
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	Sun City Center FL
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	LANGSDALE, ROBERT	5.2 NAME	
STREET ADDRESS	1908 CANTERBURY LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	NAUMAN, FRANK R	6.2 NAME	
STREET ADDRESS	1117 OPAL LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	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: *William A. Riddle, Treasurer* 2/5/96
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)