FILE NOW: FILING FEE IS $61.25

FILED
Jan 31 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 # 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 33571-5753 US

3. Date Incorporated or Qualified: 11/05/1971
3a. Date of Last Report: 02/14/1996

2. Principal Place of Business
21: as above
22: Suite, Apt. #, etc.
23: City & State
24: Zip
25: Country

2a. Mailing Address
26: as above
27: Suite, Apt. #, etc.
28: City & State
29: Zip
30: Country

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

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

9. Name and Address of Current Registered Agent

RIDDLE, WILLIAM
1010 AMERICAN EAGLE DR, #322
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

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 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: Wm Riddle Transm Agent. 1/22/97
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	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	* DIRECTOR	☐ DELETE	2.1 TITLE	PRESIDENT 1996-97	☒ Change ☐ Addition
NAME	FINCH, CHARLES		2.2 NAME	Risley, Leonard	
STREET ADDRESS	303 CLUB MANOR DR		2.3 STREET ADDRESS	633 Ft. Duquesna Dr.	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	Sun City Center, FL	
TITLE	SP PRES	☐ DELETE	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	RISLEY, LEONARD		3.2 NAME	Pinataro, Thomas	
STREET ADDRESS	633 FT DUQUESNA DR		3.3 STREET ADDRESS	523 Sandy Creek Dr.	
CITY-ST-ZIP	SUN CITY CTR FL		3.4 CITY-ST-ZIP	Brandon, FL 33511	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIDDLE, WILLIAM		4.2 NAME		
STREET ADDRESS	1010 AMERICAN EAGLE DR #322		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL	CK 303	4.4 CITY-ST-ZIP		
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	D	☒ Change ☐ Addition
NAME	NAUMAN, FRANK R		6.2 NAME	Crissman, Robert	
STREET ADDRESS	1117 OPAL LANE		6.3 STREET ADDRESS	714 Ojai Ave.	
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP	Sun City Center, FL 33573	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing 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: Wm Riddle REQUIRED 1/22/97 (813) 634-4720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0046338