

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 # **731599** (7)

1. Corporation Name

KIWANIS CLUB OF TAVARES, FLORIDA, INC.



Principal Place of Business

Mailing Address

**399 E. BURLEIGH BLVD.
P.O. BOX 1153
TAVARES FL 32778**

**399 E. BURLEIGH BLVD.
P.O. BOX 1153
TAVARES FL 32778**

3. Date Incorporated or Qualified
01/11/1975

3a. Date of Last Report
05/01/1995

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

4. FEI Number
59-6153599

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

10. Name and Address of New Registered Agent

**JIRIK, EDWARD F.
31750 TROPICAL SHORES DR.
TAVARES FL 32778**

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 617.050, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Edward F. Jirik

3-20-1996

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE
NAME **FREEMAN, CYNTHIA**
STREET ADDRESS **1403 ALFRED ST. #104**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **V** ☐ DELETE
NAME **SOULIERE, CLAIRE Y.**
STREET ADDRESS **30245 HARRIS DR.**
CITY-ST-ZIP **LEESBURG FL 32798**

TITLE **ST** ☐ DELETE
NAME **JIRIK, EDWARD F.**
STREET ADDRESS **31750 TROPICAL SHORE DR.**
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☒ DELETE
NAME **LEIGHTON, BAKKER**
STREET ADDRESS **4265 CHALET DRIVE**
CITY-ST-ZIP **MT. DORA FL 32757**

TITLE **D** ☐ DELETE
NAME **OVERLANDER, ROBERT M.**
STREET ADDRESS **31927 TROPICAL SHORES DR.**
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **D** ☐ DELETE
NAME **ROSS, ROBERT A.**
STREET ADDRESS **373 W. ROSEWOOD LANE**
CITY-ST-ZIP **TAVARES FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D ROGER G. PELTIER
656 MARINA LANE
TAVARES, FL 32778**

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

Edward F. Jirik

EDWARD F. JIRIK

3-20-96

(904) 943-0693

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)