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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 10:25

DOCUMENT # 735086 (1)

1. Corporation Name
KIWANIS CLUB OF PINE HILLS, INC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 614001 ORLANDO FL 32816	POST OFFICE BOX 614001 ORLANDO FL 32816

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1976
3a. Date of Last Report: 01/24/1994
4. FEI Number: 23-7410531 ☐ 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 — 21 | Suite, Apt. #, etc. — 22 | City & State — 23 | Zip — 24 | Country — 25
2a. Mailing Address — 26 | Suite, Apt. #, etc. — 27 | City & State — 28 | Zip — 29 | Country — 30

9. Name and Address of Current Registered Agent

SPRADLEY, ROBERT
801 E. SILVER STAR RD.
OCOEE FL 34761

10. Name and Address of New Registered Agent

81 Name: JAMES GUNTER P
82 Street Address (P.O. Box Number is Not Acceptable): 7507 PANTVIEW CIRCLE
83
84 City: ORLANDO FL 85 Zip Code: 32836

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: James Gunter 5-5-95
(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	PD	11 TITLE	☑ Change ☐ Addition	
NAME	GRAVES, MIKE	12 NAME	GRAVES	
STREET ADDRESS	4755-H WALDEN CIR.	13 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP		
TITLE	PPD	21 TITLE	☐ Change ☐ Addition	
NAME	HAMBUCH, JOHN	22 NAME		
STREET ADDRESS	1402 SILVER STAR RD.	23 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE	☑ Change ☐ Addition	
NAME	CARNEY, ELAINE F	32 NAME	CARNEY	
STREET ADDRESS	4943 SANOMA VLG	33 STREET ADDRESS	DELETE	
CITY-ST-ZIP	ORLANDO FL	34 CITY-ST-ZIP		
TITLE	VPD	41 TITLE	☑ Change ☐ Addition	
NAME	DAVES, RICHARD	42 NAME	DAVES	
STREET ADDRESS	10 HITCHING POST LN.	43 STREET ADDRESS	DELETE	
CITY-ST-ZIP	CASSELBERRY FL	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE	☐ Change ☐ Addition	
NAME	BALLANT, RYAN	52 NAME		
STREET ADDRESS	221 W. TILDEN ST.	53 STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN FL	54 CITY-ST-ZIP		
TITLE		61 TITLE	P S ☐ Change ☑ Addition	
NAME		62 NAME	~~ROBERT A. DODGE~~ JIM ULMER	
STREET ADDRESS		63 STREET ADDRESS	2547 DRAYWALL AVE	
CITY-ST-ZIP		64 CITY-ST-ZIP	OCOEE FL 34761	

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: Jim Ulmer 6-8-95 407 294 1300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0035001