FILE NOW: FILING FEE IS \$61.25

NPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

	1996		CORPORATIONS			
DOCUN 1. Corporation	MENT # 73508	6 (1)				
KIWANI	IS CLUB OF PINE HILLS,	INC.		1 14511 18418 (110) Bull 8648 1811	Brist Brait Arder Brutt Arder	B1811 B1811 1881
Principal Place	of Business	Mailing Address				
•		77.0				
POST OFFICE BOX 614001 ORLANDO FL 32816		POST OFFICE BOX 614001 ORLANDO FL 32816				
				3. Date Incorporated or Qualified	3a. Date of Last	•
2 Principal Pla	ace of Business	2a. Mailing Address		03/02/1976 4. FEI Number	06/16/19	
21	ace of Edsilless	26. Walling Address		23-74 10531		Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.			\$9.75	Additional
22		27		5. Certificate of Status Desired		Required
City & State	•	City & State		6. Election Campaign Financing		О Мау Ве
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Adde	d to Fees
24	25	29	30		Yes No	199,002,
<u> </u>	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Re	gistered Agent	
			81 Name			
	, JAMES P		82 Street	Address (P.O. Box Number is Not Acceptable	∍)	
	NTVIEW CIRCLE		83			
ORLANO	D FL 32836		83			
			84 City		85 Zir	Code
					E ' '	
•	o the provisions of Sections 617.050	02 and 617.1508, Florida Statutes	1 1	orporation submits this statement for the purp		egistered office
11. Pursuant to or registere	o the provisions of Sections 617.050 od agent, or both, in the State of Flo th, and accept the obligations of Sec	02 and 617.1508, Florida Statute rida. Such change was authorize ction 617.0503. Florida Statutes	1 1	orporation submits this statement for the purp board of directors. I hereby accept the appoi		egistered office agent. I am
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11. Pursuant to or registere familiar with SIGNATURE	In, and accept the obligations of, Sei Signature, typed or printed name of registered age	nt and tite (applicable (NOT	s, the above-named or d by the corporation's E: Registered Agent signature	required when reinstating)	pose of changing its reintment as registered	·
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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.

Pres ELGET SIGNATURE: Held full the ELECTOR SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

291-7/00 Daytime Phone #