

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 # 735086 (1)

1. Corporation Name

KWANIS 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**

3. Date Incorporated or Qualified

03/02/1976

3a. Date of Last Report

06/16/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**GUNTER, JAMES P
7507 PONTVIEW CIRCLE
ORLANDO FL 32836**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PPD** ☒ DELETE
NAME **HAMBUCH, JOHN**
STREET ADDRESS **1402 SILVER STAR RD.**
CITY-ST-ZIP **ORLANDO FL**

TITLE **TD** ☐ DELETE
NAME **BALLANT, RYAN**
STREET ADDRESS **221 W. TILDEN ST.**
CITY-ST-ZIP **WINTER GARDEN FL**

TITLE **SD** ☒ DELETE
NAME **ULMER, JIM**
STREET ADDRESS **2547 DREYWALL AVE**
CITY-ST-ZIP **OCOE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PPD** ☒ Change ☐ Addition
1.2 NAME **Robert D. Spradley**
1.3 STREET ADDRESS **801 E. Silver Star Road**
1.4 CITY-ST-ZIP **Ocoee, FL. 34761-2356**

2.1 TITLE **Pres. Elect** ☐ Change ☒ Addition
2.2 NAME **"D" Harold Fink**
2.3 STREET ADDRESS **7200 Carlene Drive**
2.4 CITY-ST-ZIP **Orlando, FL. 32811**

3.1 TITLE **Vice President** ☐ Change ☒ Addition
3.2 NAME **"D" Dennis Nolte**
3.3 STREET ADDRESS **3760 John Young Pky. Ste 105**
3.4 CITY-ST-ZIP **Orlando, FL. 32804**

4.1 TITLE **Treasurer** ☐ Change ☐ Addition
4.2 NAME **"D" Ryan Ballant**
4.3 STREET ADDRESS **221 W. Tilden Street**
4.4 CITY-ST-ZIP **Winter Garden, FL. 34787-2725**

5.1 TITLE **Secretary** ☒ Change ☐ Addition
5.2 NAME **Doug Taylor**
5.3 STREET ADDRESS **2079 S. Kirkman #156**
5.4 CITY-ST-ZIP **Orlando, FL. 32811**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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: *Harold Fink* **Pres. Elect**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/96
Date

291-7100
Daytime Phone #

CR2E037 (12/95)