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Jan 29 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32861-4001

3. Date Incorporated or Qualified **03/02/1976** 3a. Date of Last Report **04/05/1996**

2. Principal Place of Business 21 <b>Sane</b>	2a. Mailing Address 26 <b>8125 Laurel Hill Dr.</b>	4. FEI Number <b>23-7410531</b>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 City & State	28 <b>Orlando, FL.</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 Zip	25 Country	29 <b>32818</b>	30 <b>USA</b>
2. Principal Place of Business		3a. Date of Last Report	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name <b>DENNIS NOLTE</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>1137 EDGEWATER DR.</b>
83
84 City <b>ORLANDO</b> FL <b>32804</b>

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 **DENNIS NOLTE** DATE **1/15/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PPD	1.1 TITLE	PPD
NAME	SPRSDLEY, ROBERT D.	1.2 NAME	JIMMY GUNTER
STREET ADDRESS	801 E. SILVER STAR RD.	1.3 STREET ADDRESS	2507 Pontview Circle
CITY-ST-ZIP	OCOOE FL 34761-2356	1.4 CITY-ST-ZIP	ORLANDO, FL. 32836
TITLE	TD	2.1 TITLE	
NAME	BALLANT, RYAN	2.2 NAME	
STREET ADDRESS	221 W. TILDEN ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787-2725	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	PD DENNIS NOLTE -
NAME	FINK, HAROLD	3.2 NAME	
STREET ADDRESS	7200 CARLENE DR.	3.3 STREET ADDRESS	1137 EDGEWATER DR.
CITY-ST-ZIP	ORLANDO FL 32811	3.4 CITY-ST-ZIP	ORLANDO, FL. 32804
TITLE	VPD	4.1 TITLE	VPD
NAME	BALLANT, RYAN	4.2 NAME	DOUG TAYLOR
STREET ADDRESS	221 W. TILDEN ST	4.3 STREET ADDRESS	2415 WILKIE CT.
CITY-ST-ZIP	WINTER GARDEN FL 34787-2725	4.4 CITY-ST-ZIP	OCOOE, FL. 34761
TITLE	S	5.1 TITLE	S
NAME	TAYLOR, DOUG	5.2 NAME	CLAUDIA COTHMAN
STREET ADDRESS	2078 S. KIRKMAN #156	5.3 STREET ADDRESS	8125 LAUREL HILL DR.
CITY-ST-ZIP	ORLANDO FL 32811	5.4 CITY-ST-ZIP	ORLANDO, FL. 32818
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 **DENNIS NOLTE** DATE **1/15/97**

CR2E037 (9/96)