

FILE NOW: FILING FEE IS \$61.25

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Sep 21 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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 FINE HILLS, INC.~~  
**KIWANIS CLUB OF WEST ORANGE, INC.**

Principal Place of Business	Mailing Address
POST OFFICE BOX 6400 ORLANDO FL 32816	1125 LAUREL HILL DR ORLANDO FL 32804 US



2. Principal Place of Business	2a. Mailing Address
21 <b>1731 Rachel's Ridge</b> Suite, Apt. #, etc.	26 <b>P.O. Box 922</b> Suite, Apt. #, etc.
22 City & State	27 City & State
23 <b>Ocoee, FL</b> Zip	28 <b>Orlando, FL</b> Zip
24 <b>37761</b> Country	25 <b>USA</b> Country
29 <b>32802</b> Country	30 <b>USA</b> Country

3. Date Incorporated or Qualified	<b>03/02/1976</b>	
4. FEI Number	<b>23-7410531</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<b>NOLTE, DENNIS</b> <b>1137 EDGEWATER DR.</b> <b>ORLANDO FL 32804</b>	81 Name <b>Patrick M. Magill, Esquire</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>2110 East Robinson Street</b> 83 84 City <b>Orlando</b> 85 Zip Code <b>FL 32803</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 **PATRICK M. MAGILL, ESQ.** 9/3/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
<b>PPD</b> <b>GUNTER, JIMMY</b> <b>7507 PONTVIEW CIRCLE</b> <b>ORLANDO FL</b>	<b>PD</b> <b>Eugene Dowler</b> <b>1731 Rachel's Ridge Loop</b> <b>Ocoee, Florida 34761</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
<b>TD</b> <b>BALLANT, RYAN</b> <b>221 W. TILDEN ST.</b> <b>WINTER GARDEN FL 34787-2725</b>	<b>VPD</b> <b>Renee Alivento</b> <b>5025 W. Colonial Drive</b> <b>Orlando, Florida 32808</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
<b>PD</b> <b>NOLTE, DENNIS</b> <b>1137 EDGEWATER DR.</b> <b>ORLANDO FL</b>	<b>SD</b> <b>Shelia A. Blanton</b> <b>2416 Piedmont Lakes Blvd.</b> <b>Apopka, Florida 32703</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
<b>VPD</b> <b>TAYLOR, DOUG</b> <b>2415 LEILA LEE CT.</b> <b>OCOEE FL</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
<b>S</b> <b>COTHRAN, CLAUDIA</b> <b>8125 LAUREL HILL DR.</b> <b>ORLANDO FL</b>	<b>800002645588</b> <b>-09/22/98--01005--011</b> <b>***\$1.25</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I 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: **Sheila A. Blanton** 9/3/98 (407) 877-1175  
Sheila A. Blanton, Secretary

CR2E037 (10/97)