

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

APPROVED
AND
FILED

95 MAR -2 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 743333 (7)

1. Corporation Name

KIWANIS CLUB OF GREATER ORANGE PARK, INC.

Principal Place of Business

P.O. BOX 164
ORANGE PARK FL 32067

Mailing Address

P.O. BOX 164
ORANGE PARK FL 32067

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1978

3a. Date of Last Report

10/04/1994

4. FEI Number

59-2151333

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

2a. Mailing Address

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

10. Name and Address of New Registered Agent

ORREN, ROY H
2851 MARION CT. W.
ORANGE PARK FL 32073

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 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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	ORREN, ROY H
STREET ADDRESS	2851 MARION CT. W.
CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	P
NAME	BELL, LILLIAN
STREET ADDRESS	720 CREIGHTON RD
CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	D
NAME	SUMNER, JIM
STREET ADDRESS	2861 COLLEGE ST
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	S
NAME	CHRISTIANSEN, CHRIS
STREET ADDRESS	14 FOX VALLY DRIVE
CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	D
NAME	MIDDLEMAS, TODD
STREET ADDRESS	169 VANDERFORD ROAD WEST
CITY - ST - ZIP	ORANGE PARK FL 32073
TITLE	T
NAME	WARD, TOM
STREET ADDRESS	525 COPPITT DR. SOUTH
CITY - ST - ZIP	ORANGE PARK FL 32073

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	ORREN, CAROL
3.3 STREET ADDRESS	2851 MARION CT. W
3.4 CITY - ST - ZIP	ORANGE PARK FL 32073
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phone #