

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 # 743333 (7)

1. Corporation Name

KIWANIS CLUB OF GREATER ORANGE PARK, INC.



Principal Place of Business

Mailing Address

P.O. BOX 164
ORANGE PARK FL 32067

P.O. BOX 164
ORANGE PARK FL 32067

3. Date Incorporated or Qualified
06/20/1978

3a. Date of Last Report
03/02/1995

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

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 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 date if applicable

(NOTE: Registered Agent signature required when reappointing)

Date

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ORREN, ROY H	
STREET ADDRESS	2851 MARION CT. W.	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BELL, LILLIAN	
STREET ADDRESS	720 CREIGHTON RD	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ORREN, CAROL	
STREET ADDRESS	2851 MARION CT WEST	
CITY-ST-ZIP	ORANGE PARK FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CHRISTIENSEN, CHRIS	
STREET ADDRESS	14 FOX VALLY DRIVE	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MIDDLEMAS, TODD	
STREET ADDRESS	169 VANDERFORD ROAD WEST	
CITY-ST-ZIP	ORANGE PARK FL 32073	
TITLE	T	<input type="checkbox"/> DELETE
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WALKER, ROSALYN
2.3 STREET ADDRESS	294 BONNLYN DR
2.4 CITY-ST-ZIP	ORANGE PARK FL 32073
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Thomas J. Ward **THOMAS J. WARD**

2-1-96 **(904) 396-2202**
Date Daytime Phone #

CR2E037 (12/95)