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FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

P.O. BOX 164  
ORANGE PARK FL 32067

Mailing Address

P.O. BOX 164  
ORANGE PARK FL 32067-01643. Date Incorporated or Qualified  
06/20/19783a. Date of Last Report  
02/14/19964. FEI Number  
59-2151333Applied For  
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City &amp; State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

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

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 D ☐ DELETE  
NAME ORREN, ROY H  
STREET ADDRESS 2851 MARION CT. W.  
CITY - ST - ZIP ORANGE PARK FL 32073TITLE P ☐ DELETE  
NAME WALKER, ROSALYN  
STREET ADDRESS 294 BONNLYN DRIVE  
CITY - ST - ZIP ORANGE PARK FLTITLE D ☐ DELETE  
NAME ORREN, CAROL  
STREET ADDRESS 2851 MARION CT WEST  
CITY - ST - ZIP ORANGE PARK FLTITLE S ☐ DELETE  
NAME CHRISTIANSEN, CHRIS  
STREET ADDRESS 14 FOX VALLY DRIVE.  
CITY - ST - ZIP ORANGE PARK FL 32073TITLE D ☐ DELETE  
NAME MIDDLEMAS, TODD  
STREET ADDRESS 169 VANDERFORD ROAD WEST  
CITY - ST - ZIP ORANGE PARK FL 32073TITLE T ☐ 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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 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 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:

Sandra B. Mortham  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/16/97

904-264-8946

Date

Daytime Phone # 0000892

CR2E037 (9/96)