


FILE NOW: FILING FEE IS \$61.25

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**Apr 08 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/20/1978	
4. FEI Number 59-2151333	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	\$5.00 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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORREN, ROY H	1.2 NAME	
STREET ADDRESS	2851 MARION CT. W.	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	1.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, ROSALYN	2.2 NAME	
STREET ADDRESS	294 BONNLYN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ORREN, CAROL	3.2 NAME	Witte, Steven
STREET ADDRESS	2851 MARION CT WEST	3.3 STREET ADDRESS	1558 Dolphin Ct.
CITY-ST-ZIP	ORANGE PARK FL	3.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CHRISTIENSEN, CHRIS	4.2 NAME	Mackin, Tom
STREET ADDRESS	14 FOX VALLY DRIVE.	4.3 STREET ADDRESS	2700 Country Club Blvd.
CITY-ST-ZIP	ORANGE PARK FL 32073	4.4 CITY-ST-ZIP	Orange Park, FL 32073
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIDDLEMAS, TODD	5.2 NAME	
STREET ADDRESS	189 VANDERFORD ROAD WEST	5.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073	5.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WARD, TOM	6.2 NAME	Aiosa, Douglas
STREET ADDRESS	525 COPPITT DR. SOUTH	6.3 STREET ADDRESS	1313 Cutlass Rd
CITY-ST-ZIP	ORANGGE PARK FL 32073	6.4 CITY-ST-ZIP	Orange Park, FL 32065

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: *Douglas R. Aiosa* **Douglas R. Aiosa** 4/2/98 904-636-0032

CP2E037 (10/97)