

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 23 PM 3:28

**DOCUMENT # 743630 (6)**

1. Corporation Name  
**KWANIS CLUB OF CARROLLWOOD, INC.**

Principal Place of Business Mailing Address  
**11404 LARKWOOD WAY PO BOX 270854 TAMPA FL 33625-5611 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/18/1978</b>	3a. Date of Last Report <b>02/18/1994</b>
4. FEI Number <b>59-1880886</b>	Applied For 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. Nonprofit with IRS 501(c)(2) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <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	2b. 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  
**UNDERHILL, JULIAN S.  
11404 LARKWOOD WAY  
TAMPA, FL  
33625-2611 -5611**

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 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 *Julian S. Underhill* (NOTE: Registered Agent signature required when registering) DATE *2-15-95*

12. OFFICERS AND DIRECTORS	
TITLE	<b>DS</b>
NAME	<b>UNDERHILL, JULIAN S.</b>
STREET ADDRESS	<b>11404 LARKWOOD WAY</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DVP</b>
NAME	<b>TOWSON, JOHN S.</b>
STREET ADDRESS	<b>4809-A EHRlich RD.</b>
CITY - ST - ZIP	<b>TAMPA FL</b>
TITLE	<b>DT</b>
NAME	<b>WIRGES, FRANK F.</b>
STREET ADDRESS	<b>4809-A EHRlich RD.</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>
TITLE	<b>DP</b>
NAME	<b>COLE, JUNE</b>
STREET ADDRESS	<b>4809-A EHRlich RD.</b>
CITY - ST - ZIP	<b>TAMPA, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>VP CAROLE NALL SUITE 160</b>
2.3 STREET ADDRESS	<b>13902 N. Dale Mabry</b>
2.4 CITY - ST - ZIP	<b>Tampa, Fl. 33618</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>DT WIRGES, FRANK, F. SUITE 160</b>
3.3 STREET ADDRESS	<b>13902 N. Dale Mabry</b>
3.4 CITY - ST - ZIP	<b>Tampa, Fl. 33618</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>DP MARKDUNLOP SUITE 160</b>
4.3 STREET ADDRESS	<b>13902 N. Dale Mabry</b>
4.4 CITY - ST - ZIP	<b>Tampa, Fl. 33618</b>
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)(b), 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 the 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 no additions.

SIGNATURE: *Julian S. Underhill* DATE: *2-15-95* *813-967-1472*