FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT #

1. Corporation Name

(6)

KIWANIS CLUB OF CARROLLWOOD, INC.

LHAMMIN	3 CEUD OF CANISCEWO	OD, MO				
Principal Place	of Business	Mailing Address			(LEGICI ID SIL BIRDE CHAIL BIRDE ALER	5011 6:611 Fi611 6:611 6:611 8:511 1631
11404 LARKWOOD WAY PO BOX 270854 TAMPA FL 33625-5611		11404 LARKWOOD WA PO BOX 270854 TAMPA FL 33625-5611				
US		US			3. Date Incorporated or Qualified 07/18/1978	3a. Date of Last Report 02/23/1995
2. Principal Pla	ice of Business	2a. Mailing Address			4. FEI Number 59-1880886	Applied For Not Applicable
Suite, Apt. #	ł, etc.	Suite, Apt. #, etc			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation has liability for	
24]	9. Name and Address of Curr	29	30]		Florida Statutes 10. Name and Address of New F	Yes No
	9, Name and Address of Curi	ent negistered Agent		81 Name	IV. Italie and Address of Itali	iogratorou rigotti
LINDERH	2 MALUHUL LU					
UNDERHILL, JULIAN S. 11404 LARKWOOD WAY				82 Street	Address (P.O. Box Number is Not Acceptab	oie)
TAMPA, FL				83		
33625-26				64 00		85 Zio Code
				84 City		FL
11. Pursuant t	o the provisions of Sections 617.05	02 and 617.1508, Florida Statul	tes, the abo	ve named co	orporation submits this statement for the pu	rpose of changing its registered office
or registere familiar wit	ed agent, or both, in the State of Fi In, and accept the objigations of, Se	orida. Such change was authori ection 6)7-05-03, Florida Statute		orporation s	board of directors. I hereby accept the app	On the contract of the contrac
SIGNATURE _	Dellean	S Chrilloph	IXI			
	Signature, typed or printed name of registered ag			Agent signature r	required when reinstating) ADDOUTIONS / OLIANIOS SITO OF 6	FICERS AND DIRECTORS IN 12
12.	OFFICERS /	AND DIRECTORS DELETE	13. 1.1 TI		ADDITIONS CHANGES TO GET	Change Addition
NAME	UNDERHILL, JULIAN S.		1.2 N			
STREET ADDRESS	11404 LARKWOOD WAY			REET ADDRESS		
CITY-ST-ZIP	TAMPA FL			IY-SI-ZIP		
TITLE	VP	DELETE	211			☐ Change ☐ Addition
NAME	NALL, CAROLE		2 2 N	AME		
STREET ADDRESS	13902 N DALE MABRY, ST	E. 160	2 3 51	REET ADDRESS		
CITY - ST - ZIP	TAMPA FL		2 4 0	TY-ST-ZIP		
TITLE	DT COMME	DELETE	3 1 Tı			Change Addition
NAME	WIRGES, FRANK F	C 400	3 2 N			
STREET ADDRESS	13902 N DALE MABRY, ST	E 100		REET ADDRESS		
C-TY - ST - ZIP	TAMPA, FL 00000	XZX OELETE	3 4. C	ITY - ST - ZIP	Typ	☐ Change ☑ Addition
NAME	DUNLOP, MARK	- ALANCEL (C	4.1 ti		DP DOUG	X
STREET ADDRESS	13902 N DALE MABRY, ST	E. 160		REET ADDRESS	JOHNSON, DOUG 13907 N. Dale Mabi	ry, Tpa.Fl.33618
CITY - ST - ZIP	TAMPA, FL 00000			TY-ST-ZIP	17501 N. Date Matt	.g, 1pa 111,000
TITLE		DELETE	5 1 TI			Change Addition
NAME			5 2 N	AME		
\$TREET ADDRESS			53S	FREET ADDRESS		
CITY - ST - ZIP				ITY-ST-ZIP		
THILE		☐ DELETE	61 T			☐ Change ☐ Addition
NAME			62 N			
STREET ADDRESS				TREET ADDRESS		
CITY-SI-ZIP	w codify that the information conclusion	ed with this filing is voluntarily for	mished and	ITY-S1-ZIP does not au	lalify for the exemption stated in Section 119	9.07(3)(k), Florida Statutes, I further
certify that	Lthe information indicated on this a	innual report or supplemental an irporation or the receiver or trust	inual report iee empowe	is true and a	occurate and that my signature shall have the title this report as required by Chapter 617, F	e same legal effect as il mage unger

CR2E037 (12/95)