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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 743630 (6)
1. Corporation Name
KIWANIS CLUB OF CARROLLWOOD, INC.



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

3. Date Incorporated or Qualified: 07/18/1978
3a. Date of Last Report: 02/16/1996
4. FEI Number: 59-1880886
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
UNDERHILL, JULIAN S.
11404 LARKWOOD WAY
TAMPA, FL
33625-2611

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DS <input type="checkbox"/> DELETE	NAME: UNDERHILL, JULIAN S. STREET ADDRESS: 11404 LARKWOOD WAY CITY-ST-ZIP: TAMPA FL	1.1 TITLE: DP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	1.2 NAME: NALL, CAROLE 1.3 STREET ADDRESS: 13902 N DALE MABRY STE 160 1.4 CITY-ST-ZIP: TAMPA, FL
TITLE: VP <input checked="" type="checkbox"/> DELETE	NAME: NALL, CAROLE STREET ADDRESS: 13902 N DALE MABRY, STE. 160 CITY-ST-ZIP: TAMPA FL	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DT <input type="checkbox"/> DELETE	NAME: WIRGES, FRANK F STREET ADDRESS: 13902 N DALE MABRY, STE 160 CITY-ST-ZIP: TAMPA, FL 00000	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DP <input checked="" type="checkbox"/> DELETE	NAME: JOHNSON, DOUG STREET ADDRESS: 13907 NORTH DALE MABRY CITY-ST-ZIP: TAMPA FL	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	5.1 TITLE: VP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	5.2 NAME: EDWARD ANDERSON 5.3 STREET ADDRESS: 13902 N. DALE MABRY 5.4 CITY-ST-ZIP: TAMPA, FL
TITLE: <input type="checkbox"/> DELETE	NAME: <input type="checkbox"/> DELETE	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	6.2 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Julian S. Underhill* 1-29-97 1-813
DATE: 1-29-97 DAYTIME PHONE: 813-562-1672

CR2E037 (9/96)