

mp 1-27-98 B-0864-C
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FILED
 Feb 23 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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		Mailing Address	
11404 LARKWOOD WAY PO BOX 270854 TAMPA FL 33625-5611 US		11404 LARKWOOD WAY PO BOX 270854 TAMPA FL 33625-5611 US	
2. Principal Place of Business	2a. Mailing Address	21	28
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
Zip	Country	24	30
25	29		

3. Date Incorporated or Qualified
07/18/1978

4. FEI Number
59-1880886

Applied For	Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

UNDERHILL, JULIAN S.
 11404 LARKWOOD WAY
 TAMPA, FL
 33625-2811

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	DS <input type="checkbox"/> DELETE
NAME	UNDERHILL, JULIAN S.
STREET ADDRESS	11404 LARKWOOD WAY
CITY-ST-ZIP	TAMPA FL
TITLE	DP <input checked="" type="checkbox"/> DELETE
NAME	NALL, CAROLE
STREET ADDRESS	13902 N DALE MABRY, STE. 160
CITY-ST-ZIP	TAMPA FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	WIRGES, FRANK F
STREET ADDRESS	13902 N DALE MABRY, STE 160
CITY-ST-ZIP	TAMPA, FL 00000
TITLE	VP <input type="checkbox"/> DELETE
NAME	ANDERSON, EDWARD
STREET ADDRESS	13902 N DALE MABRY
CITY-ST-ZIP	TAMPA FL
TITLE	D. Douglas Johnson <input type="checkbox"/> DELETE
NAME	13902 N. DALE MABRY
STREET ADDRESS	TAMPA FL. STE. 160
CITY-ST-ZIP	
TITLE	D. June Cole <input type="checkbox"/> DELETE
NAME	13902 N. DALE MABRY
STREET ADDRESS	TAMPA FL. STE. 160
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JAY MARK
1.3 STREET ADDRESS	13962 N. DALE MABRY, STE. 160
1.4 CITY-ST-ZIP	TAMPA, FL
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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 _____ DATE **1-17-98**

CR2E037 (10/97)