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Jan 29, 1999 8:00am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 743630
 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
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21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 07/18/1978
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-1880886
23 City & State	28 City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent
UNDERHILL, JULIAN S. 11404 LARKWOOD WAY TAMPA FL 33625-2611		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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	UNDERHILL, JULIAN S.	1.2 NAME			
STREET ADDRESS	11404 LARKWOOD WAY	1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MAUK, JAY	2.2 NAME			
STREET ADDRESS	13902 N. DALE MABRY, STE. 160	2.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP			
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	WIRGES, FRANK F	3.2 NAME			
STREET ADDRESS	13902 N DALE MABRY, STE 160	3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA, FL 00000	3.4 CITY-ST-ZIP			
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ANDERSON, EDWARD	4.2 NAME			
STREET ADDRESS	13902 N DALE MABRY STE 160	4.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	4.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	JOHNSON, DOUGLAS	5.2 NAME			
STREET ADDRESS	13902 N. DALE MABRY STE 160	5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	5.4 CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COLE, JUNE	6.2 NAME			
STREET ADDRESS	13902 N. DALE MABRY STE 160	6.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL	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)(l), 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, with all other like empowered.

SIGNATURE: *Julian S. Underhill* **SIGNATURE REQUIRED** *1-12-99*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #