

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 744224 (7)
1. Corporation Name

KIWANIS CLUB OF CENTRAL FLORIDA, SEMINOLE COUNTY, INC.



Principal Place of Business: P.O. BOX 1081, MAITLAND FL 32751
Mailing Address: P.O. BOX 1081, MAITLAND FL 32751

3. Date Incorporated or Qualified: 09/11/1978
3a. Date of Last Report: 07/17/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-1838884	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28	<input type="checkbox"/>	
Zip	Country	Zip	Country
24	25	29	30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SCHNELL, JAMES A. 645 SWEET BRIAR BRANCH LONGWOOD FL 32750		81 Name	H. W. "Bill" Hewson, Sec.
		82 Street Address (P.O. Box Number is Not Acceptable)	584 Whisper Wood Drive
		83	
		84 City	Longwood, FL
		85 Zip Code	32779

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: H. W. "Bill" Hewson, Sec., Kiwanis Club of Central Florida, Seminole
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE: 29-96

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SCHNELL, JAMES A.		1.2 NAME	H. W. "Bill" Hewson			
STREET ADDRESS	645 SWEET BRIAR BRANCH		1.3 STREET ADDRESS	584 Whisper Wood Drive			
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP	Longwood, Fl. 32779			
TITLE	DP	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FINCH, BILL		2.2 NAME	Ken Szczepanek			
STREET ADDRESS	1520 SUGARWOOD CIRCLE		2.3 STREET ADDRESS	626 Longmeadow Circle			
CITY-ST-ZIP	WINTER PARK FL		2.4 CITY-ST-ZIP	Longwood, Fl. 32779			
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	President Elect	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	BASS, JOHN		3.2 NAME	Dan Silverio			
STREET ADDRESS	1947 WATER LANE		3.3 STREET ADDRESS	3826 Windway Court			
CITY-ST-ZIP	MAITLAND FL		3.4 CITY-ST-ZIP	Orlando, Fl 32817			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Vice President	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WHIPPLE, GEORGE		4.2 NAME	Barry Greenstein			
STREET ADDRESS	231 SHELLPOINT E.		4.3 STREET ADDRESS	221 Springside Drive			
CITY-ST-ZIP	MAITLAND FL		4.4 CITY-ST-ZIP	Longwood, Fl. 32779			
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	EVERATT, JOHN		5.2 NAME	Dave Crowder			
STREET ADDRESS	1725 E. ADAMS DR.		5.3 STREET ADDRESS	1712 Cinnamon Creek			
CITY-ST-ZIP	MAITLAND FL		5.4 CITY-ST-ZIP	Casselberry, Fl. 32707			
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	000001854930	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME	-06/07/96--01010--029			
STREET ADDRESS			6.3 STREET ADDRESS	***61.25			
CITY-ST-ZIP			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)(k), 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: H. W. "Bill" Hewson, Sec. Date: March 29, 1996
Signature and typed or printed name of signing officer or director. Daytime Phone #: 407-445-0767

CR2E037 (12/95)