

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**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 Mailing Address  
**P.O. BOX 1081 MAITLAND FL 32751** **P.O. BOX 1081 MAITLAND FL 32751**

3. Date Incorporated or Qualified **09/11/1978** 3a. Date of Last Report **07/17/1995**  
 4. FEI Number **59-1838884** 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 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip Country 28 Zip Country  
 24 25 29 30

**9. Name and Address of Current Registered Agent**

**SCHNELL, JAMES A.  
 645 SWEET BRIAR BRANCH  
 LONGWOOD FL 32750**

**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	<b>TS</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHNELL, JAMES A.</b>	1.2 NAME	
STREET ADDRESS	<b>645 SWEET BRIAR BRANCH</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LONGWOOD FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DP</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FINCH, BILL</b>	2.2 NAME	
STREET ADDRESS	<b>1520 SUGARWOOD CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BASS, JOHN</b>	3.2 NAME	
STREET ADDRESS	<b>1947 WATER LANE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAITLAND FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHIPPLE, GEORGE</b>	4.2 NAME	
STREET ADDRESS	<b>231 SHELLPOINT E.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAITLAND FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EVERATT, JOHN</b>	5.2 NAME	
STREET ADDRESS	<b>1725 E. ADAMS DR.</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAITLAND FL</b>	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>David Crowder</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>1712 Cinnamon Cr.</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>Luselberry FL 32707</b>

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:**

*(Signature)*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David Crowder** 4/10/96 4078311407  
 Date Daytime Phone #

CR2E037 (3/96)