FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



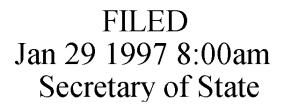
FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

KIWANIS CLUB OF CENTRAL FLORIDA, SEMINOLE COUNTY





Principal Place	e or business	Mailing Address						
P.O. BOX 1081 MAITLAND FL :		P.O. BOX 1081 MAITLAND FL 32751						
					3. Date Incorporated c	r Qualified	3a. Date of La 06/06	ist Report 6/1996
 -	lace of Business	2a. Mailing Address			4. FEI Number 59-1838884			Applied For
21		26			39-1030004			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status	Desired	\$8.75 Additional Fee Required		
City & State	9	City & State			6. Election Campaign	Einancing		.00 May Be
23		28			Trust Fund Contribu			ded to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has			
24	25	29	30		Florida Statutes	· -	Yes X No	,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address	of New Re	gistered Agent	
				81 Name	•			
HEWSO	N, H.W. BILL SEC.		}.	82 Street	Address (P.O. Box Number is N	ot Accenteh	le)	
	ISPER WOOD DRIVE			3,,00		o. 1 1000pid0	,	
LONGW	00D FL 32779		[·	83				
			-	84 City			let!	Zip Code
				City			FL 85	zih code
office or re agent. I ar SIGNATURE _	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change wa itions of, Section 617.0503,	is authorized Florida Stati	i by the co utes.	rporation's board of directors. I h	егеру ассер	it the appointmer	it as registered
	Signature, typed or printed name of registered ager		<u>_</u>	Agent signatu	e raquired when reinstating)		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGE	S TO OFFIC		
TITLE	\$D HEWSON, H.W. BILL	☐ DELETE	1.1 TIT				∐ Cha	nge L. Addition
NAME	584 WHISPER WOOD DRIVE		1.2 NA					
STREET ADDRESS	LONGWOOD FL 32779			REET ADDRESS				
CITY-ST-ZIP TITLE	DP	DELETE		Y-ST-ZIP	 		☐ Cha	nge
NAME	SZCZEPANEK, KEN	occit	2.1 111				☐ Cila	nge 🗀 Addicion
	626 LONGMEADOW CIRCLE		2.2 NAI					
STREET ADDRESS	LONGWOOD FL 32779			REET ADDRESS				
CITY-ST-ZIP TITLE	DPE	DELETE	3.1 TIT	TY-ST-ZIP			☐ Cha	nge Addition
NAME	SILVERIO, DAN		3.2 NAI					-e- Las riosition
STREET ADDRESS	3826 WINDWAY COURT			reet address				
CITY-ST-ZIP	ORLANDO FL 32817			TY-ST-ZIP				
TITLE	DVP	DELETE	4.1 TIT		-		Cha	nge Addition
NAME	GREENSTEIN, BARRY	—	4.2 NA					
STREET ADDRESS	221 SPRINGSIDE DRIVE			reet address				
CITY-ST-ZIP	LONGWOOD FL 32779			Y-ST-ZIP				
TITLE	DT	☐ DELETE	5.1 T(T)				☐ Cha	nge
NAME	CROWDER, DAVE		5.2 NA				_	. -
STREET ADDRESS	1712 CINNAMON CREEK		-	reet address				
CITY-ST-ZIP	CASSELBERRY FL 32107			Y-ST-ZIP				
TITLE	D	☐ DELETE	6.1 TITI			<u> </u>	☐ Chai	nge
NAME	CROWDER, DAVID		6.2 NA				_	
STREET ADDRESS	1712 CINNAMON CR			reet address				
CITY-ST-ZIP	CASSELBERRY FL			Y_ST_7/P				

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 of 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.