

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 03 1998 8:00am  
Secretary of State**

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

**DOCUMENT # 744224 (7)**  
1. Corporation Name  
**KIWANIS CLUB OF CENTRAL FLORIDA, SEMINOLE COUNTY, INC.**



|   |   |  |
|---|---|--|
| Principal Place of Business<br><b>P.O. BOX 1081<br/>MAITLAND FL 32751</b> | Mailing Address<br><b>P.O. BOX 1081<br/>MAITLAND FL 32751</b> | 3. Date Incorporated or Qualified<br><b>09/11/1978</b> |
|   |   | 4. FEI Number<br><b>59-1838884</b>                     |
|   |   | Applied For<br>Not Applicable                          |

|   |  |   |
|---|--|---|
| 2. Principal Place of Business<br>21<br>Suite, Apt. #, etc. | 2a. Mailing Address<br>26<br>Suite, Apt. #, etc. | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |
| 22<br>City & State  | 27<br>City & State                               | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |
| 23<br>Zip   | 28<br>Zip  | 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |
| 24<br>Country   | 29<br>Country                                    | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>HEWSON, H.W. BILL SEC.<br/>584 WHISPER WOOD DRIVE<br/>LONGWOOD FL 32779</b> | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br>85 Zip Code <b>FL</b> |
|---|--|

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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|---|---|--|
| TITLE                      | SD <input type="checkbox"/> DELETE            | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | HEWSON, H.W. BILL                             | 1.2 NAME  |  |
| STREET ADDRESS             | 584 WHISPER WOOD DRIVE                        | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LONGWOOD FL 32779                             | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SZCZEPANEK, KEN                               | 2.2 NAME  | D  |
| STREET ADDRESS             | 626 LONGMEADOW CIRCLE                         | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LONGWOOD FL 32779                             | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DPE <input type="checkbox"/> DELETE           | 3.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SILVERIO, DAN                                 | 3.2 NAME  | D  |
| STREET ADDRESS             | 3826 WINDWAY COURT                            | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | ORLANDO FL 32817                              | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DVP <input type="checkbox"/> DELETE           | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | GREENSTEIN, BARRY                             | 4.2 NAME  |  |
| STREET ADDRESS             | 221 SPRINGSIDE DRIVE                          | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | LONGWOOD FL 32779                             | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | DT <input checked="" type="checkbox"/> DELETE | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | CROWDER, DAVE                                 | 5.2 NAME  |  |
| STREET ADDRESS             | 1712 CINNAMON CREEK                           | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CASSELBERRY FL 32107                          | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | D <input type="checkbox"/> DELETE             | 6.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | CROWDER, DAVID                                | 6.2 NAME  | D T  |
| STREET ADDRESS             | 1712 CINNAMON CR                              | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CASSELBERRY 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)(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: DAVID CROWDER 1-13-98 4078311407

CR2E037 (10/97)