FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 24 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 746330 (0)

1. Corporation Name
KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Principal Place of Business	Mailing Address
P O BOX 1310 HOMOSSA SPRINGS FL 32647	P O BOX 1310 HOMOSSA SPRINGS FL 34447-1310 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/20/1979
3a. Date of Last Report: 04/18/1994
4. FEI Number: 36-1327510 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24: 34447 / 29
Country — 25 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LANGGUTH, GEORGE F
5545 BENCHMARK LN
SANFORD FL 32773

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JAEHING, ARTHUR	1.2 NAME	STRAIGHT MARIE	
STREET ADDRESS	4 CATALPA CT	1.3 STREET ADDRESS	6 SANDPINE CT. W	
CITY-ST-ZIP	HOMOSASSA FL	1.4 CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	VD	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	STRAIGHT, MARIE	2.2 NAME	WARREN, JANICE	
STREET ADDRESS	6 SANDPINE CT. W	2.3 STREET ADDRESS	P.O. BOX 711	
CITY-ST-ZIP	HOMOSASSA FL	2.4 CITY-ST-ZIP	HOMOSASSA SPRGS FL 34447	
TITLE	VD	3.1 TITLE	VD	☒ Change ☐ Addition
NAME	GARDNER, GEORGE	3.2 NAME	RONALD WATSON	
STREET ADDRESS	14 PINE DR	3.3 STREET ADDRESS	24 GLENTREE ST	
CITY-ST-ZIP	HOMOSASSA FL	3.4 CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	PETERSON, RICHARD	4.2 NAME	ERNIE VERGE	
STREET ADDRESS	8 BONNIE DR	4.3 STREET ADDRESS	13 MORNING GLORY CT.	
CITY-ST-ZIP	HOMOSASSA FL	4.4 CITY-ST-ZIP	HOMOSASSA FL 34446	
TITLE	TD	5.1 TITLE		☐ Change ☐ Addition
NAME	GRAY, DONALD	5.2 NAME		
STREET ADDRESS	11 CATALPA CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	HOMOSASSA FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
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: Ernie Verge ERNIE VERGE S.D. 4/17/95 904-392-0209 904-382-1239
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #