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NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

746330

(0)

KIWAN	IIS CLUB OF HOMOSASSA	SPRINGS, INC.								
Principal Place	of Business	Mailing Address					4		#IF #I#11 #I#II #	#1011 01011 1001
SOUTHERN WOODS C.C P O BOX 1310 1501 CORKWOOD BLVD. HOMOSSA SPRINGS FL 34447-131 HOMOSSA SPRINGS FL 34446 US				0			Date Incorporated or Qualified	3a. Da	ate of Last Ro	eport
US							03/20/1979		05/01/19	
2. Principal Pi	ace of Business	2a. Mailing Address					4. FEI Number		Ap	plied For
21		26					36-1327510			ot Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 A	
City & State		City & State				6. Election Campaign Financing		\$5.00		
3	•	28					Trust Fund Contribution		Added t	
Zip	Country	Zip	Cou	intry			8. This corporation has liability for	r intangible		
24	25	29	30					☐ Yes 🔎		
	9. Name and Address of Current	Registered Agent		81			10. Name and Address of New F	legistered A	Agent	
				81	Name					
LANGGUTH, GEORGE F				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	ENCHMARK LN RD FL 32773									
SAINFUI	NO FL 32//3									
				84	City			FL	. 85 Zip 0	Code
11. Pursuant to office or reagent. Las	to the provisions of Sections 617.0502 agistered agent, or both, in the State of familiar with, and accept the obligat	and 617.1508, Florida Statul I Florida. Such change was a ons of, Section 617.0503, Flo	es, the at authorize orida Stat	bove d by tutes	e-namec the cor	d corpor poration	ation submits this statement for the n's board of directors. I hereby acc	purpose of ept the app	changing its ointment as	s registered registered
Signature, typed or printed name of registered agent and title if applicable. (NOTL: Registere					nt signatur	e required		DATE	DIDECTOR	0.0140
TITLE	OFFICERS AND DIRECTORS 13 PD DELETE 1.1			TIE			ADDITIONS/CHANGES TO OFF	ICERS AIVE	Change	Addition
NAME	WARREN, JANICE								es oninge	
STREET ADDRESS	m m mail ama 1111			1.3 STREET ADDRESS						
CITY-ST-ZIP	Andreas and an order for				T - ZIP					1
TITLE	2VP					VD , □ Chang			Change	Addition
NAME				AME		RAYMOND LAWRENCE S 6 DBUGLAS CT S HOMOSASSA, FL 3444			CE C	<i>T</i> .
STREET ADDRESS	11760 W. RIVERHAVEN DR.		2.3 STREET ADDRESS 6			61	BUGLAS CT S			
CITY-ST-ZIP	HOMOSASSA FL 34448		2.40	ITY-5	T-ZIP	HI	OMOSASSA, FL	- 34	446	
TITLE	1VP	☐ DELETE	3.1 TC	TLE		P) '		🔀 Change	Addition
NAME	WATSON, RONALD		3.2 NAME							
STREET ADDRESS	24 GREEN TREE ST				ADDRESS					
CITY-ST-ZIP TITLE	HOMOSASSA FL	Detere	3.4. C			 			Change	Addition
	SD SECOND								C) Change	L., Audition
NAME CTOCCT ADDOCCC	VERGE, ERNIE 13 MORNING GLORY CT		4. 2 N		ADDRE Š S					
STREET ADDRESS	HOMOSASSA FL		4.4 CI							
TITLE	TD	☐ DELFTE	5.1 10		1-21	<u> </u>			Change	Addition
NAME	GRAY, DONALD		5.2 N/						•	
STREET ADDRESS	11 CATALPA CT.				ADDRESS					
CITY-ST-ZIP	HOMOSASSA FL		5.4 CI							
TITLE		DELETE	6.1 70			V	D		☐ Change	Addition .
NAME			6.2 N/	AME		Jak	INNIF GREGOR	YI	•	
STREET ADDRESS			6.3 ST	FREET	address	11.	BALSAMCT U	,		
CITY - ST - 7IP			640	TY-S	T - 71P	1101	MOSASSA FL	344	46	

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 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 atlaghment with an address.

3R2E037 (9/96)

FILED

Mar 14 1997 8:00am

Secretary of State