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FILED  
Mar 12 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 746330 (0)

1. Corporation Name

KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.



Principal Place of Business

Mailing Address

SOUTHERN WOODS C.C.  
1501 CORKWOOD BLVD.  
HOMOSASSA SPRINGS FL 34446  
US

P O BOX 1310  
HOMOSASSA SPRINGS FL 34447-1310  
US

3. Date Incorporated or Qualified

03/20/1979

4. FEI Number

36-1327510

Applied For

Not Applicable

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

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LANGGUTH, GEORGE F  
5545 BENCHMARK LN  
SANFORD FL 32773

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 D  
NAME WARREN, JANICE  
STREET ADDRESS P.O. BOX 873 N/A  
CITY-ST-ZIP CRYSTAL RIVER FL

☒ DELETE

1.1 TITLE VD  
1.2 NAME JUDITH A. GLEAVE  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP 34 HAWTHORNE COURT  
HOMOSASSA, FL 34446

☐ Change

☒ Addition

TITLE VD  
NAME RAYMOND LAWERNCE J  
STREET ADDRESS 6 DOUGLAS CT S  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

2.1 TITLE PD  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE PD  
NAME WATSON, RONALD  
STREET ADDRESS 24 GREEN TREE ST  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

3.1 TITLE D  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☒ Change

☐ Addition

TITLE SD  
NAME VERGE, ERNIE  
STREET ADDRESS 13 MORNING GLORY CT  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME GRAY, DONALD  
STREET ADDRESS 11 CATALPA CT.  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME JOHNNIE GREGORY I  
STREET ADDRESS 11 BALSAM CT W  
CITY-ST-ZIP HOMOSASSA FL

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

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: ERNIE VERGE 2/9/98 36-1327510-1209

CP2E037 (10/97)