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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 746330

1. Corporation Name

KIWANIS CLUB OF HOMOSASSA SPRINGS, INC.

Principal Place of Business

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

Mailing Address

P O BOX 1310
 HOMOSSA SPRINGS FL 34447-1310
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

Country

3. Date Incorporated or Qualified

03/20/1979

4. FEI Number

36-1327510

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

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 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

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GLEAUE, JUDITH A	
STREET ADDRESS	34 HAWTHORNE CT	
CITY-ST-ZIP	HOMOSSA FL 34446	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAYMOND LAWERNCE J	
STREET ADDRESS	6 DOUGLAS CT S	
CITY-ST-ZIP	HOMOSSA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATSON, RONALD	
STREET ADDRESS	24 GREEN TREE ST	
CITY-ST-ZIP	HOMOSSA FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	VERGE, ERNIE	
STREET ADDRESS	13 MORNING GLORY CT	
CITY-ST-ZIP	HOMOSSA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRAY, DONALD	
STREET ADDRESS	11 CATALPA CT.	
CITY-ST-ZIP	HOMOSSA FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	JOHNNIE GREGORY I	
STREET ADDRESS	11 BALSAM CT W	
CITY-ST-ZIP	HOMOSSA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Graham, Jack	
1.3 STREET ADDRESS	10 Blue Beech Ct.	
1.4 CITY-ST-ZIP	HOMOSSA, FL 34446	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RAYMOND LAWERNCE J	
2.3 STREET ADDRESS	6 Douglas Ct. S.	
2.4 CITY-ST-ZIP	HOMOSSA, FL 34446	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Menken, John	
3.3 STREET ADDRESS	5030 Stetson Pt Dr.	
3.4 CITY-ST-ZIP	HOMOSSA, FL 34448	
4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Zsembik, Thomas	
4.3 STREET ADDRESS	15 Graytwig Ct W	
4.4 CITY-ST-ZIP	HOMOSSA, FL 34446	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Gregory, Johnnie	
6.3 STREET ADDRESS	11 Balsam Ct W	
6.4 CITY-ST-ZIP	HOMOSSA, FL 34446	

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, with all other like empowered.

SIGNATURE: Thomas Zsembik IRE Thomas Zsembik 2/16/99 (352) 382-563

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)