

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 751732 (9)

1. Corporation Name
THE KIWANIS CLUB OF SEMINOLE BREAKFAST, FLORIDA, INC.



Principal Place of Business
**14428 OAKGLEN DRIVE
LARGO FL 34644
US**

Mailing Address
**14428 OAKGLEN DRIVE
LARGO FL 34644
US**

3. Date Incorporated or Qualified
03/26/1980

3a. Date of Last Report
12/11/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29

Country
25

Country
30

4. FEI Number
59-1888299

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**

6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**WALTERS, LEE
14428 OAKGLEN DR
LARGO FL 34644**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code
FL

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

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SMITH, EROL	
STREET ADDRESS	13384 93RD AVE N	
CITY - ST - ZIP	SEMINOLE FL 34646	
TITLE	TS	<input type="checkbox"/> DELETE
NAME	WALTERS, LEE R	
STREET ADDRESS	14428 OAKGLEN DR	
CITY - ST - ZIP	LARGO FL 34646	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	ALLEN, JAMES	
STREET ADDRESS	6585 SEMINOLE BLVD.	
CITY - ST - ZIP	SEMINOLE FL 34642	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WAHL, MICKEY	
STREET ADDRESS	9808 PORTSIDE DR	
CITY - ST - ZIP	SEMINOLE FL 34646	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDY, THOMAS	
STREET ADDRESS	382 12TH AVE.	
CITY - ST - ZIP	INDIAN ROCKS BEACH FL 34635	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: Lee R. Walters **LEE R. WALTERS** 2/21/96 (813) 595-8343
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)