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May 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address  
14428 OAKGLEN DRIVE LARGO FL 34644 US  
14428 OAKGLEN DRIVE LARGO FL 33774-5028 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/26/1980	3a. Date of Last Report 02/26/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-1888299	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 checked="" type="checkbox"/> DELETE
NAME	SMITH, EROL	
STREET ADDRESS	13364 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 checked="" 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 checked="" type="checkbox"/> Addition
3.2 NAME	T STAN FERRIS
3.3 STREET ADDRESS	1001 STARKEY RD, #311
3.4 CITY-ST-ZIP	LARGO, FL 33771
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PRESIDENT DEAN LESNETT
4.3 STREET ADDRESS	12100 SEMINOLE BLVD
4.4 CITY-ST-ZIP	LARGO, FL 33778
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	VP ROBERT ROOT
5.3 STREET ADDRESS	2436 ENTERPRISE RD
5.4 CITY-ST-ZIP	CLEARWATER, FL 34623
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP BETH PROVENCAL
6.3 STREET ADDRESS	9444 SEMINOLE BLVD
6.4 CITY-ST-ZIP	SEMINOLE, FL 33772

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 attachment with an address.

SIGNATURE: *[Signature]* 4/25/97 (X18) EGC 8213

CR2E037 (9/96)