


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90014 030 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 751732**

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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/26/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1888299
City & State 23	City & State 28	Applied For Not Applicable
Zip 24 33774	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29 33774	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 FL 85 Zip Code 33774
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PROVENCAL, BETH	1.2 NAME	
STREET ADDRESS	9444 SEMINOLE BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	1.4 CITY-ST-ZIP	33772
TITLE	TS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, LEE R	2.2 NAME	
STREET ADDRESS	14428 OAKGLEN DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL 34646	2.4 CITY-ST-ZIP	33774
TITLE	DVP <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALLEN, JAMES	3.2 NAME	
STREET ADDRESS	6585 SEMINOLE BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL 34642	3.4 CITY-ST-ZIP	33772
TITLE	P <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LESNETT, DEAN	4.2 NAME	P. ROOT, ROBERT
STREET ADDRESS	12100 SEMINOLE BLVD	4.3 STREET ADDRESS	1002 VIVE AVE
CITY-ST-ZIP	LARGO FL	4.4 CITY-ST-ZIP	CLEARWATER, FL 33755
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FERRIS, STAN	5.2 NAME	
STREET ADDRESS	1001 STARKEY RD., #311	5.3 STREET ADDRESS	
CITY-ST-ZIP	LARGO FL	5.4 CITY-ST-ZIP	33771
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: *Lee R. Walters* **LEE R. WALTERS SEC.** 1-6-99 (727) 595-8343

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)