FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:07

DOCUMENT # 752210 (5)

1. Corporation Name
KIWANIS - HORSES AND HANDICAPPED, INC.

Principal Place of Business	Mailing Address
BOX 6014 HOLLYWOOD FL 33081	BOX 6014 HOLLYWOOD FL 33081

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/28/1980
3a. Date of Last Report: 02/08/1994
4. FEI Number: 59-2036147 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

SEIP, CHARLES
4661 S.W. 128TH AVENUE
FT. LAUDERDALE FL 33330

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 607.0502 and 607.1508, 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 607.0505, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President - Director ☒ Change ☐ Addition
NAME	MAGGI, EDWARD	1.2 NAME	
STREET ADDRESS	1506 N.W. 112 TERRACE	1.3 STREET ADDRESS	Carl Cressa 325 West Dixie Hwy.
CITY-ST-ZIP	PEMBROKE PINES, FL 33026	1.4 CITY-ST-ZIP	Dania, FL 33004
TITLE	SD	2.1 TITLE	☐ Change ☐ Addition
NAME	PUDNEY, JACKIE	2.2 NAME	
STREET ADDRESS	5620 SW 4TH CT.	2.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	PUDNEY, ROBERT	3.2 NAME	
STREET ADDRESS	5620 SW 4TH CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 33317	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	WISE, DOROTHY	4.2 NAME	
STREET ADDRESS	11708 MELAEUCA WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	COOPER CITY, FL 33026	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	☐ Change ☐ Addition
NAME	COTHER, PAT	5.2 NAME	
STREET ADDRESS	2520 NE 212 TERR	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	STERRITT, WALTER	6.2 NAME	
STREET ADDRESS	4040 NORTH HILLS DRIVE #6	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD, FL 33021	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)(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: R.S. Pudney 3/8/95 581-0926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040882