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

APPROVED AND FILED

95 APR 21 AM 9:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **754745** **(8)**

1. Corporation Name

KIWANIS CLUB OF LAKE JACKSON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
2013 SHADYOAKS DRIVE PO BOX 3442 TALLAHASSEE FL 32315-3442	2013 SHADYOAKS DRIVE PO BOX 3442 TALLAHASSEE FL 32315-3442

3. Date Incorporated or Qualified: **10/21/1980**
3a. Date of Last Report: **03/17/1994**
4. FEI Number: **59-1864597** ☐ 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
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

CALLAHAN, IRVIN D.
2013 SHADYOAKS DRIVE
TALLAHASSEE FL 32303

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	D	1.1 TITLE		☐ Change ☐ Addition
NAME	HATIM, ABDUL	1.2 NAME		
STREET ADDRESS	2097 CRESTDALE DR.	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE	D	☒ Change ☐ Addition
NAME	FRITCHMAN, WILLIAM	2.2 NAME		
STREET ADDRESS	2413 TAMARACK DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP		
TITLE	C	3.1 TITLE	D	☒ Change ☐ Addition
NAME	WUTHRNICH, JO ANN	3.2 NAME		
STREET ADDRESS	139 MERIDIEN HILLS RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE	D	☒ Change ☐ Addition
NAME	CUSHING, EARL	4.2 NAME		
STREET ADDRESS	RT. 9, BOX 188	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HARBERT	5.2 NAME		
STREET ADDRESS	2048 CYNTHIA DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE	S	6.1 TITLE	S	☐ Change ☒ Addition
NAME	CUMBIE, WILLIAM	6.2 NAME	Roberts, Keith M.	
STREET ADDRESS	4217 KINGSWOOD DR	6.3 STREET ADDRESS	4217 Ben Boulevard	
CITY-ST-ZIP	TALLAHASSEE FL	6.4 CITY-ST-ZIP	Tallahassee, FL 32303	

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 ad

SIGNATURE: Keith M. Roberts 4-14-95 904/488-6949
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

097779