

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 # 754745 (8)

1. Corporation Name

KIWANIS CLUB OF LAKE JACKSON, INC.



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

04/21/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1864597

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

23

28

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CALLAHAN, IRVIN D.
2013 SHADYOAKS DRIVE
TALLAHASSEE FL 32303**

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 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

Signature, typed or printed name of registered agent and the if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**D
NAME
HATIM, ABDUL
STREET ADDRESS
2097 CRESTDALE DR.
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**D
NAME
FRITCHMAN, WILLIAM
STREET ADDRESS
2413 TAMARACK DR
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**D
NAME
WUTHRNICH, JO ANN
STREET ADDRESS
139 MERIDIEN HILLS RD
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**D
NAME
CUSHING, EARL
STREET ADDRESS
RT. 9, BOX 188
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**D
NAME
SMITH, HARBERT
STREET ADDRESS
2048 CYNTHIA DR
CITY-ST-ZIP
TALLAHASSEE FL**

TITLE ☐ DELETE

**S
NAME
ROBERTS, KEITH M
STREET ADDRESS
4217 BEN BOULEVARD
CITY-ST-ZIP
TALLAHASSEE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

Keith M. Roberts **Keith M. Roberts**

5-9-96

904 488-6949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)