

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

97 SEP 29 PM 12:30

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/21/1980 3a. Date of Last Report 05/15/1996

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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  
2010 Cynthia Dr

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

1.1 TITLE  
1.2 NAME S BRADGON, STAN  
1.3 STREET ADDRESS P.O. BOX 3042 RT 16 Box 982 Lot 2  
1.4 CITY-ST-ZIP TALLAHASSEE, FL 32310

TITLE DP  
NAME FRITCHMAN, WILLIAM  
STREET ADDRESS 2413 TAMARACK DR  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE D  
2.2 NAME BURN, HARRY MITT  
2.3 STREET ADDRESS 3002 BRANDENBERG DR  
2.4 CITY-ST-ZIP TALLAHASSEE, FL 32312-9461

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

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 600002309156--8  
3.4 CITY-ST-ZIP -10/01/97--01098--007  
\*\*\*\*122.50 \*\*\*\*\*61.25

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

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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.

CR2E037 (4/97)