


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N00502 (7)
1. Corporation Name
KIWANIS CLUB OF TALLAHASSEE-KILLEARN, FLORIDA, I NC.



Principal Place of Business 1430 DENHOLM DR TALLAHASSEE FL 32312 US	Mailing Address 1430 DENHOLM DR TALLAHASSEE FL 32312-2900 US
---	--

2. Principal Place of Business 21 1003 ALTAMONT DRIVE Suite, Apt. #, etc. 22 City & State 23 TALLAHASSEE FL Zip 24 32312 Country 25 USA	2a. Mailing Address 26 1003 ALTAMONT DRIVE Suite, Apt. #, etc. 27 City & State 28 TALLAHASSEE FL Zip 29 32312 Country 30 USA
--	---

3. Date Incorporated or Qualified 12/21/1983	3a. Date of Last Report 01/25/1996
4. FEI Number 59-2263033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent FULLER, BENJAMIN R. 1430 DENHOLM DR. TALLAHASSEE FL 32312	10. Name and Address of New Registered Agent 81 Name LUEBKEMANN, GEDFREY G. 82 Street Address (P.O. Box Number is Not Acceptable) 1003 ALTAMONT DRIVE 83 84 City TALLAHASSEE FL 85 Zip Code 32312
---	---

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 *Geoffrey G. Luebke* **1-15-97**
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	PD ALFORD, JOHN <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD RON JANCURA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	3952 RUNNYMEDE ROAD	1.2 NAME	3053 O'BRIEN DR.
STREET ADDRESS	TALLAHASSEE FL	1.3 STREET ADDRESS	TALLAHASSEE, FL 32308
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D COLMERY, BEN <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	3441 JOHNATHONS LANDING	2.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S EASTERBROOK, GEORGE <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	1802 ATLANTIS PLACE	3.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD FULLER, BENJAMIN R. <input type="checkbox"/> DELETE	4.1 TITLE	YP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1430 DENHOLM DRIVE	4.2 NAME	
STREET ADDRESS	TALLAHASSEE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	LUEBKEMANN, GEDFREY G. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	1003 ALTAMONT DRIVE TITLE: TD
STREET ADDRESS		5.3 STREET ADDRESS	TALLAHASSEE FL 32312
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE *Benjamin Fuller* **1/10/97** **904-922-3820**

CR2E037 (9/96)