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Feb 27, 1999 8:00 am  
Secretary of State

02-27-1999 90024 013 \*\*\*\*61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N09513**

1. Corporation Name

**KIWANIS CLUB OF EUSTIS, FLORIDA, INC.**

124881 - 90024 - 13

Principal Place of Business  
P.O. BOX 1225  
EUSTIS FL 32727-1600

Mailing Address  
P.O. BOX 1225  
EUSTIS FL 32727-1600



2. Principal Place of Business

21 Suite, Apt. #, etc.  
**(SAME)**

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

**05/30/1985**

4. FEI Number

**59-2353142**

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

9. Name and Address of Current Registered Agent

**HOLTZCLAW, RACHEL**  
**68 W SEMINOLE AVE.**  
**EUSTIS FL 32726**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **(SAME)**

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 **Rachel Holtzclaw**

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

(NOTE: Registered Agent signature required when reinstating)

**1-27-99**

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☒ DELETE

NAME **YOUNG, ANITA**  
STREET ADDRESS **812 N. BAY STREET**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **T** ☐ DELETE

NAME **HOLTZCLAW, RACHEL**  
STREET ADDRESS **68 W SEMINOLE AVE.**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **S** ☐ DELETE

NAME **JIRIK, EDWARD F.**  
STREET ADDRESS **31750 TROPICAL SHORES DRIVE**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **VP** ☐ DELETE

NAME **HARRY, RICHARD**  
STREET ADDRESS **1014 WOODWARD OAKS CIRCLE**  
CITY-ST-ZIP **EUSTIS FL 32726**

TITLE **D** ☒ DELETE

NAME **SORRELL, LYNNE**  
STREET ADDRESS **207 BRYAN STREET**  
CITY-ST-ZIP **TAVARES FL**

TITLE **D** ☐ DELETE

NAME **SCHMIDT, WILLIAM**  
STREET ADDRESS **2727 S GROVE ST.**  
CITY-ST-ZIP **EUSTIS FL 32726**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PRESIDENT-** ☒ Change ☐ Addition

1.2 NAME **RICHARD HARRY**  
1.3 STREET ADDRESS **1014 WOODWARD OAKS CIRCLE**  
1.4 CITY-ST-ZIP **EUSTIS, FL 32726-7912**

2.1 TITLE **T** ☐ Change ☐ Addition

2.2 NAME **SAME**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE **S** ☐ Change ☐ Addition

3.2 NAME **SAME**  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE **V PRES** ☒ Change ☐ Addition

4.2 NAME **SUZANNE REYNOLDS**  
4.3 STREET ADDRESS **1111 LAKESHORE DR/ FAIR OAKS-B-6**  
4.4 CITY-ST-ZIP **EUSTIS, FL 32726**

5.1 TITLE **CINDY FREEMAN** ☒ Change ☐ Addition

5.2 NAME **1402 ALFRED #104**  
5.3 STREET ADDRESS **TAVARES, FL 32778**  
5.4 CITY-ST-ZIP **D**

6.1 TITLE **D** ☐ Change ☐ Addition

6.2 NAME **SAME**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

**Edward F. Jirik**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-27-99**  
Date Daytime Phone #

CR2E037 (11/98)