

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 # **N10258 (4)**

1. Corporation Name
KIWANIS CLUB OF THE PLAYGROUND AREA, INC.



Principal Place of Business Mailing Address
ATTN: GEORGE LANGGUTH 5545 BENCHMARK LANE SANFORD FL 32773-8116 US
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3. Date Incorporated or Qualified **07/16/1985** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 2a. Mailing Address
21 **RICH GASPARIAN** 26 **KIWANIS CLUB OF PLAYGROUND AREA**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **221 HOLLYWOOD BLVD NE** 27 **PO BOX 4652**
City & State City & State
23 **FORT WALTON BEACH FL** 28 **FORT WALTON BEACH FL**
Zip Country Zip Country
24 **32548** 25 **OKALOOSA** 29 **32549** 30 **OKALOOSA**

4. FEI Number **59-6569622** 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LANGGUTH, GEORGE
5545 BENCHMARK LANE
SANFORD FL 32773

10. Name and Address of New Registered Agent
81 Name **RICHARD GASPARIAN**
82 Street Address (P.O. Box Number is Not Acceptable) **69-B 9TH ST**
83
84 City **SHALIMAR** FL 85 Zip Code **32579**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this state report 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.
RICHARD G. GASPARIAN - TREASURER 4-25-96

SIGNATURE _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T <input type="checkbox"/> DELETE	1.1 TITLE	TREASURER, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASPARIAN, RICH	1.2 NAME	GASPARIAN, RICH
STREET ADDRESS	819 MAGNOLIA SHORES	1.3 STREET ADDRESS	69-B 9TH ST
CITY-ST-ZIP	NICEVILLE FL	1.4 CITY-ST-ZIP	SHALIMAR FL 32578
TITLE	P <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATE, ELIZABETH	2.2 NAME	KROLL, ROBERT
STREET ADDRESS	2747 RIVER RUN ROAD	2.3 STREET ADDRESS	784 NAVY ST
CITY-ST-ZIP	NAVARRE FL	2.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32547
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SECRETARY D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LEFFEY, SUE	3.2 NAME	FOX, GARFIELD
STREET ADDRESS	1931 ESTIVAL	3.3 STREET ADDRESS	159 HOLLYWOOD DR
CITY-ST-ZIP	FT WALTON BEACH FL	3.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32547
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOND, MARTHA C.	4.2 NAME	ALLERHELDEN, JAMES
STREET ADDRESS	223 BAYOU WOODS DR	4.3 STREET ADDRESS	384 ECHO CIRCLE
CITY-ST-ZIP	FT WALTON BEACH FL	4.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32547
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATE, ELIZABETH	5.2 NAME	BURTON, ROBERT
STREET ADDRESS	130 ALDER AVENUE	5.3 STREET ADDRESS	360 BIRLAN CIRCLE
CITY-ST-ZIP	FT WALTON BCH. FL.	5.4 CITY-ST-ZIP	MARY ESTHER FL 32569
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GASPARIAN, RICH	6.2 NAME	BAILEY, MICHAEL
STREET ADDRESS	819 MANGOLIA SHORES	6.3 STREET ADDRESS	935 VITA LANE
CITY-ST-ZIP	NICEVILLE FL	6.4 CITY-ST-ZIP	FORT WALTON BEACH FL 32547

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: **RICHARD G. GASPARIAN** Date: **4-25-96** Daytime Phone #: **904 293 1148**

EO037 (12/95)