FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Morthama

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

SIGNATURE: M

N10258

(4)

KIWANIS CLUB OF THE PLAYGROUND AREA, INC.

Principal Place of Business		Mailing Address			IAN BIRN BIRN BIRN BIRN BIRN BIRN BIRN
ATTN: RICH GASPARIAN 221 HOLLYWOOD BLVD NE FT WALTON BEACH FL 32548		KIWANIS CLUB OF PLAYGROUND AREA P.O. BOX 4652 FORT WALTON BEACH FL 32549-4852			
US		US		3. Date Incorporated or Qualified 07/16/1985	3a. Date of Last Report 05/01/1996
2. Principal Page 21	lace of Business	2a. Mailing Address 26		4. FEI Number 59-6569622	Applied For Not Applicable
Suite, Apt.	*****	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23	9	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes 🔀 No
	9. Name and Address of Current		1901	10. Name and Address of New Re	
			81 Nam		
RICHARD GASPARIAN 82 S			82 Stree	t Address (P.O. Box Number is Not Acceptab	le)
69-B 9TH ST				935 VITA LANE	
SHALIMAR FL 32579					•
E4 City				FT. WALTON BEACH	FL 85 Zip Code 32547
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					
office or registered agent, or both, in the State of Florida. Such change was fully prized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of Saytion 637.0503, Toriga Statuties.					
	NCHABLIC BAILE Signature typed or printed name of registered agent		OTE: Registered Agent signatu	Secretification (Secretification)	0-997 DATE
12. OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFIC	
TITLE	T	☐ DELETE	1.1 TITLE	15	Change Addition
NAME	GASPARIAN, RICH		1.2 NAME	PATE, ELIZABETH PAND	·
STREET ADDRESS	69-B 9TH ST		1.3 STREET ADDRESS		· ,
CITY-ST-ZIP	SHALIMAR FL	······································	1.4 CITY-ST-ZIP	MAVARAE FL 82566	
TITLE	P	☐ DELETE	2.1 TITLE	ו כו	Change K Addition
NAME	KROLL, ROBERT		22 NAME	MELTON JR, LERDY 2737 SHOREVIEW COURT	
STREET ADDRESS	784 NAVY ST		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	FORT WALTON BEACH FL	DELETE	2.4 CITY-ST-ZIP	MANARRE FL 32561	I News Maddle
NAME	S ENV. GADEIELD	FSE DETELE	3.1 TITLE	BAILEY, MICHAEL K.	Change Addition
STREET ADDRESS	FOX, GARFIELD 159 HOMEWOOD DR		3.2 NAME	1	
CITY-ST-ZIP	FT WALTON BEACH FL		3.3 STREET ADDRESS 3.4. CITY - ST - ZIP	FORT WALTON BEACH FL 31	QL7
TITLE	VP	☐ DELETE	4.1 TITLE	D DACTED HERER FC 32	Change Addition
NAME	ALLERHEILIGEN, JAMES		4. 2 NAME	Youne, TOE	and writings.
STREET ADDRESS	384 ECHO CIRCLE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT WALTON BEACH FL		4.4 CITY - ST - ZIP	MARY ESTHER FL 32569	
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	BURTON, ROBERT		5.2 NAME		
STREET ADDRESS	360 BRIAN CIRCLE		5.3 STREET ADDRESS		•
CITY-ST-ZIP	MARY ESTHER FL	L D ac the	5.4 CITY - ST - ZIP		
TITLE	D AND AND AND AND AND AND AND AND AND AN	≥ DELETE	6.1 TITLE		Change Addition
NAME	BAILEY, MICHAEL		6.2 NAME		
STREET ADDRESS	935 VITA LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FORT WALTON BEACH FL	with this filing does not gus	6.4 CITY-ST-ZIP	stated in Section 110 07/9/// Elected Stated	I further godify that the
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 automent with an address.					