


FILED
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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



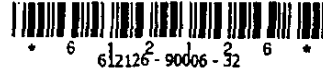
FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N10258

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

Principal Place of Business
 315 HOLLYWOOD BLVD
 STE 4
 MARY ESTHER FL 32569
 US

Mailing Address
 KWANIS CLUB OF PLAYGROUND AREA
 P.O. BOX 4652
 FORT WALTON BEACH FL 32549
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/16/1985	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-6569622	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
YOUNG, JOE 315 HOLLYWOOD BLVE, STE 4 MARY ESTHER FL 32569				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PARKER, JIM			1.2 NAME	Richard Gasparian		
STREET ADDRESS	64 SHALIMAR DRIVE			1.3 STREET ADDRESS	42 Poquito Road		
CITY-ST-ZIP	SHALIMAR FL 32579			1.4 CITY-ST-ZIP	Shalimar, FL 32579		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	No change	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KROLL, ROBERT			2.2 NAME			
STREET ADDRESS	784 NAVY ST			2.3 STREET ADDRESS			
CITY-ST-ZIP	FORT WALTON BEACH FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROLAND, CHUCK			3.2 NAME	Emily Conde		
STREET ADDRESS	314 GREEN ACRES RD			3.3 STREET ADDRESS	9 Lakeshore Dr		
CITY-ST-ZIP	FT WALTON BEACH FL 32548			3.4 CITY-ST-ZIP	Shalimar, FL 32579		
TITLE	P	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALLERHEILIGEN, JAMES			4.2 NAME	Sue Lettles		
STREET ADDRESS	384 ECHO CIRCLE			4.3 STREET ADDRESS	1931 Estival Street		
CITY-ST-ZIP	FT WALTON BEACH FL			4.4 CITY-ST-ZIP	Fort Walton Beach Fla 32547		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BURTON, ROBERT			5.2 NAME			
STREET ADDRESS	360 BRIAN CIRCLE			5.3 STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL			5.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YOUNG, SHIRLEY			6.2 NAME			
STREET ADDRESS	315 HOLLYWOOD BLVD, STE 4			6.3 STREET ADDRESS			
CITY-ST-ZIP	MARY ESTHER FL 32569			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: *Shirley Young, President* 8-30-99 850-244-3306
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 SHIRLEY YOUNG

CR2E037 (5/99)