FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 PM 9:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12212 (9)

1. Corporation Name

WEST ORANGE KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2100 E ROBINSON ST PO BOX 922 ORLANDO FL 32803	P. O. BOX 922 PO BOX 922 ORLANDO FL 32802 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/21/1985
3a. Date of Last Report: 08/25/1994
4. FEI Number: 59-0578342 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 2110 E. Robinson Street	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MAGILL, PATRICK M.
2110 E ROBINSON ST
ORLANDO FL 32803

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	[illegible]	1.2 NAME	Phillips, William	
STREET ADDRESS	[illegible]	1.3 STREET ADDRESS	2210 Glencoe	
CITY-ST-ZIP	[illegible]	1.4 CITY-ST-ZIP	Winter Park, FL 32789	
TITLE	VPD	2.1 TITLE	VPD	☒ Change ☐ Addition
NAME	[illegible]	2.2 NAME	Resnick, John	
STREET ADDRESS	[illegible]	2.3 STREET ADDRESS	407 Abbey Ridge Court	
CITY-ST-ZIP	[illegible]	2.4 CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	TD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	[illegible]	3.2 NAME	Strosnider, Ron	
STREET ADDRESS	[illegible]	3.3 STREET ADDRESS	3416 Johio Shores Drive	
CITY-ST-ZIP	[illegible]	3.4 CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	SD	4.1 TITLE	SD	☒ Change ☐ Addition
NAME	[illegible]	4.2 NAME	Carlsson, Frank	
STREET ADDRESS	[illegible]	4.3 STREET ADDRESS	408 Orlando Ave., #A3	
CITY-ST-ZIP	[illegible]	4.4 CITY-ST-ZIP	Ocoee, FL 34761	
TITLE	[illegible]	5.1 TITLE		☐ Change ☐ Addition
NAME	[illegible]	5.2 NAME		
STREET ADDRESS	[illegible]	5.3 STREET ADDRESS		
CITY-ST-ZIP	[illegible]	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
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 is voluntarily furnished and 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: William R Phillips William R. Phillip 4/25/95 894-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

600194