FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # N12212

(9)

WEST ORANGE KIWANIS FOUNDATION, INC.								
Principal Place	of Business	Mailing Address				61 (1878 191 (191 1)	ELOST OFFITA OFFITA STORE DISCUSSION	
2110 E ROB PO BOX 922 ORLANDO FI US		P. O. BOX 922 PO BOX 922 ORLANDO FL 32802						
		US			3. Date Incorporated or Qual 11/21/1985	11901 3a .	Date of Last Report 05/01/1995	
Principal Place of Business Section Principal Place of Business		2a. Mailing Address 26		4. FEI Number 59-0578342	4. FEI Number Applied For S9-0578342 Not Applicable			
Suite, Apt.		Suite, Apt. #, etc. 27		5. Certificate of Status Desire	ed 🔲	\$8.75 Additional Fee Required		
City & Stat	e	City & State			Election Campaign Financi Trust Fund Contribution	ng 🗆	\$5.00 May Be Added to Fees	
Zip 24	Country 25	untry Zip Co 29 30			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No			
	9. Name and Address of Curren	it Registered Agent	17.7		10. Name and Address of N			
			81	Name				
MAGILL, PATRICK M. 2110 E ROBINSON ST			82					
ORLAND	00 FL 32803		83					
			84	City		FI	85 Zip Code	
	to the provisions of Sections 617.0502 red agent, or both, in the State of Flork th, and accept the obligations of, Secti			named co oration's	orporation submits this statement for the board of directors. I hereby accept the		hanging its registered office is registered agent. I am	
SIGNATURE								
	Signature, typed or printed name of registered agent			signature r	required when reinstaling)	DATE		
12.	OFFICERS AND DIRECTORS PD DELETE		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
NAME I	PD DELETE PHILLIPS, WILLIAM		11 TITLE				Change Addition	
STREET ADDRESS	378/3730398/APRE		1.2 NAME		1607 -			
	WINDERPARKEL		1		1607 Ison Lane			
CITY-ST-ZIP TITLE	XXOELETE XXOELETE		1.4 C/TY - ST - Z/P		Ocoee, FL 34761			
NAME	RESNICK XIQUIN		2.1 TITLE		VPD		Change XXAddition	
STREET ADDRESS	AUR ARBEX RIDGEX COLURY				Robert W. Willi			
CITY-ST-ZIP	NOOFE X K X				905 Hawaii Driv			
TITLE	XX	X X DELETE	2 4 CITY - S 3.1 TITLE	1 - ZIF	Ocoee, FL 34761 TD		E101 E1449	
NAME	RTRASHIDER ATON		3.2 NAME		1 -		Change XXAddition	
STREET ADDRESS	ALLA IALBA ALIANZA NORE		3 3 STREET ADDRESS		Jim Gleason			
CITY-ST-ZIP	DECERE				856 Hammocks Dr	ive		
TITLE	800	XXDELETE	3.4. CITY-S 4.1 TITLE	1-218	Ocoee, FL 34761 SD		Change Addition	
NAME	EAPK SSON XFRANKX	_	4. 2 NAME			Monan	Change Addition	
STREET ADDRESS	TANKS TO SEE MANUFACTURE AND THE REAL PROPERTY OF THE REAL PROPERTY OF THE PARTY OF		4.3 STREET ADDRESS 2		Sheila Blanton-Monson 2416 Piedmont Lakes Blvd.			
CITY-ST-ZIP	1080PEXK		4.4 C(TY - S)		Apopka, FL 3270	ares bl	.va.	
TITLE	20.	XX DELETE	5.1 TITLE		D	<u> </u>	Change Addition	
NAME	BREEZEX DEBRIG	- 422	5.2 NAME		Donna Leigaber		XX.vaquibii	
STREET ADDRESS	RIOR RIMON ROAD		53 STREET	ADDRESS	901 Spring Creel	r Dri	Ĺ	
CITY - ST - ZIP	WINTER GARDENY		5.4 CHY- ST		Ocoee, FL 34761	/ DIIA6	;	
TITLE		DELETE	61 TITLE	•	20000 LT 24/01		☐ Change ☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6 3 STREET	ADDRESS				
CITY-ST-ZIP			64 CITY-ST					

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 herbatiged, or of an attachment with an address.

SIGNATURE:

SIGNATURE AND THEO OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

776,96 407/891 1002-

CR2E037 (12/95)