SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
95 JUL 28 PM 1:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N12247 (5)

1. Corporation Name

THE KIWANIS CLUB OF LAKE SEMINOLE, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9158 78TH PL N PO BOX 4453 SEMINOLE FL 34642-8453	9158 78TH PL N PO BOX 4453 SEMINOLE FL 34642-8453

3. Date Incorporated or Qualified: 11/25/1985
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2485604 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

RUDZIK, FREDERICK F.
6440 1ST AVENUE NORTH
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

61 Name: Robert Maus
62 Street Address (P.O. Box Number is Not Acceptable): 9569 117 Street North
63
64 City: Seminole FL 65 Zip Code: 34642

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: Robert G. Maus — Robert G. Maus — 7/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	President, Director	☒ Change ☐ Addition
NAME	MOORHOUSE, JOSEPH C	12 NAME	Rita Zazzaro	
STREET ADDRESS	9158 78TH PL N	13 STREET ADDRESS	11470 72 Terrace North	
CITY-ST-ZIP	SEMINOLE FL	14 CITY-ST-ZIP	Seminole FL 34642	
TITLE	VD	21 TITLE	Secretary, Director	☒ Change ☐ Addition
NAME	RUDZIK, FRED	22 NAME	Larry Birdwell	
STREET ADDRESS	8169 LARCHWOOD ROAD	23 STREET ADDRESS	4910 38th Way 310	
CITY-ST-ZIP	LARGO FL	24 CITY-ST-ZIP	St. Petersburg FL 33711	
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	TRAUTWEIN, WILLIAM T	32 NAME		
STREET ADDRESS	1949 LAS LOMAS DR	33 STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	MIAZGA, JOEY	42 NAME		
STREET ADDRESS	9209 SEMINOLE BLVD 54	43 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	44 CITY-ST-ZIP		
TITLE	PD	51 TITLE	Director	☒ Change ☐ Addition
NAME	LYONS, JACQUELYN L.	52 NAME		
STREET ADDRESS	7701 STARKEY RD., #521	53 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	PAUL, PARADIS	62 NAME		
STREET ADDRESS	12638 83 AVE NO.	63 STREET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL	64 CITY-ST-ZIP		

CR2E037 (3/95)

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: Rita Zazzaro — Rita Zazzaro — 7/19/95 — 391-7838
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0017607