


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 12 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N12247 (5) 1. Corporation Name THE KIWANIS CLUB OF LAKE SEMINOLE, FLORIDA, INC.			
Principal Place of Business 9158 78TH PL N PO BOX 4453 SEMINOLE FL 34642-8453		Mailing Address 9158 78TH PL N PO BOX 4453 SEMINOLE FL 33775-4453	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 11/25/1985		3a. Date of Last Report 04/22/1996	
4. FEI Number 59-2485604		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MAUS, ROBERT 9569 117 STREET NORTH SEMINOLE FL 34642-8453 33772		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 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 <u>Robert Maus</u> (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input checked="" type="checkbox"/> DELETE	
NAME	KIZER-BIRDWELL, GINA		
STREET ADDRESS	13583 CORDOVA DRIVE		
CITY-ST-ZIP	LARGO FL		
TITLE	SD	<input checked="" type="checkbox"/> DELETE	
NAME	BIRDWELL, LARRY		
STREET ADDRESS	13583 CORDOVA DRIVE		
CITY-ST-ZIP	LARGO FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	TRAUTWEIN, WILLIAM T		
STREET ADDRESS	1949 LAS LOMAS DR		
CITY-ST-ZIP	CLEARWATER FL		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	MIAZGA, JOEY		
STREET ADDRESS	9209 SEMINOLE BLVD 54		
CITY-ST-ZIP	SEMINOLE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	LYONS, JACQUELYN L.		
STREET ADDRESS	7701 STARKEY RD., #521		
CITY-ST-ZIP	SEMINOLE FL		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	HARRIS, PATRICIA		
STREET ADDRESS	1001 STARKEY ROAD LOT 73		
CITY-ST-ZIP	LARGO FL		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.2 NAME	Trautwein, Kathleen H.		
1.3 STREET ADDRESS	1949 Los Lomas Dr.		
1.4 CITY-ST-ZIP	Clearwater, FL 34623		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2.2 NAME	Maus, Robert		
2.3 STREET ADDRESS	9569 117th St. N.		
2.4 CITY-ST-ZIP	Seminole, FL 34634		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
4.2 NAME	Locascio, Mario		
4.3 STREET ADDRESS	8696 112th St. N.		
4.4 CITY-ST-ZIP	Seminole, FL 33772		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
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 attachment with an address.			
SIGNATURE: <u>Patricia L. Harris</u> <u>Robert Maus</u> <u>William T. Trautwein</u> <u>Mario Locascio</u> <u>Joey Miazga</u> <u>Jacquelyn L. Lyons</u> <u>Patricia Harris</u> <u>2/5/97</u> (813) 539-0455			

CR2E037 (9/96)