

FILE-NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY 22 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12474 (5)

1. Corporate Name

KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/11/1985	3a. Date of Last Report 04/18/1994
4. FEI Number NOT APPLICABLE	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 ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
434 FERNLEAF SEBRING FL 33870		434 FERNLEAF SEBRING FL 33870	
2. Principal Place of Business	2b. Mailing Address	21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.	22	27
City & State	City & State	23	28
24	25	29	30

9. Name and Address of Current Registered Agent

STOVER, D.C.
730 LAKEVIEW DRIVE, N.W.
SEBRING FL 33870

10. Name and Address of New Registered Agent

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 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

Corporate Agent Signature (Signature of Registered Agent or Secretary of State) (Signature of Registered Agent or Secretary of State) (Signature of Registered Agent or Secretary of State)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	P/D ☒ Change ☐ Addition
NAME	NUGENT, JUDY A.	12 NAME	CUNDIFF, GLENN
STREET ADDRESS	2815 PAR ROAD	13 STREET ADDRESS	P.O. BOX 4096 N/A
CITY, ST, ZIP	SEBRING FL 33872	14 CITY, ST, ZIP	SEBRING FL 33871-4096
TITLE	VP	21 TITLE	VP ☒ Change ☐ Addition
NAME	RUTLAND, E.C. JR.	22 NAME	CHOATE, VIRGIL L.
STREET ADDRESS	901 11TH AVENUE	23 STREET ADDRESS	1017 DINNER LAKE DR
CITY, ST, ZIP	SEBRING FL 33872	24 CITY, ST, ZIP	SEBRING, FL 33870
TITLE	2VP	31 TITLE	☐ Change ☐ Addition
NAME	GARY GERMAINE	32 NAME	
STREET ADDRESS	605 S. EUCLYPTUS STREET	33 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL 33870	34 CITY, ST, ZIP	
TITLE	S	41 TITLE	S ☒ Change ☐ Addition
NAME	CELESTER RUTLAND	42 NAME	KAISER, MARIA C.
STREET ADDRESS	901 11TH AVENUE	43 STREET ADDRESS	P.O. BOX 1374 N/A
CITY, ST, ZIP	SEBRING FL 33872	44 CITY, ST, ZIP	SEBRING, FL 33871-1374
TITLE	T	51 TITLE	T/O ☒ Change ☐ Addition
NAME	DAVID HENDERSON	52 NAME	KENT, ALAN W.
STREET ADDRESS	2802 DUFFER RD	53 STREET ADDRESS	209 LONGVIEW RD
CITY, ST, ZIP	SEBRING, FL 33872	54 CITY, ST, ZIP	SEBRING, FL 33870-1434
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	FRED NUGENT	62 NAME	
STREET ADDRESS	2815 PAR ROAD	63 STREET ADDRESS	
CITY, ST, ZIP	SEBRING FL 33872	64 CITY, ST, ZIP	

14. I 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)(b), Florida Statutes. I further certify that the information included 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. 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 unchanged or on an attachment with an address.

SIGNATURE:

Alan W. Kent ALAN W. KENT, TREASURER 4/21/95 813-471-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR