## 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

NAME

STREET ADDRESS

2815 PAR ROAD

SEBRING FL 33872

**DOCUMENT #** N12474

(5)

## KIWANIS CLUB OF DOWNTOWN BREAKFAST. INC.

Principal Place of Business Mailing Address 434 FERNLEAF 434 FERNLEAF SEBRING FL 33870 SERRING EL 33870 3. Date Incorporated or Qualified 3a. Date of Last Report 05/22/1995 12/11/1985 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business NOT APPLICABLE Not Applicable 209 LONGVIEW ROAD 21 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #. etc 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be П SEBRING, FL 28 Trust Fund Contribution Added to Fees 23 Country Zφ 8. This corporation has liability for intangible tax under s. 199.032, 33870-1434 Yes XXNo 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name STOVER, D.C. Street Address (P.O. Box Number is Not Acceptable) 82 730 LAKEVIEW DRIVE, N.W. 83 SEBRING FL 33870 84 City 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. (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if apply abic. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition DELETE 1 1 TITLE PD TITLE SHINHOLSER, OLIN **CUNDIFF, GLEN** 12 NAME NAME 4501 SELAH ROAD P.O. BOX 4096 N/A 1.3 STREET ADDRESS STREET ADDRESS SEBRING FL SEBRING FL 33872-4723 1.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 2 1 TIFLE Change Addition TIME **VP** CHOATE, VIRGIL L. 2.2 NAME NUGENT, FRED NAME 1017 DINNER LAKE DR. 2.3 STREET ADDRESS 2815 PAR ROAD STREET ADDRESS CITY - ST - ZIP SEBRING FL 2 4 CITY - S1 - ZIP SEBRING, FL 33872-1230 DELETE **YY** Change ☐ Addition 3.1 TITLE TITLE 2VP NAME GARY GERMAINE. 3.2 NAME SMITH, BRADLEY 605 S. EUCLYPTUS STREET 3.3 STREET ADDRESS STREET ADDRESS 2635 N. AVOCADO ROAD SEBRING FL 33870 3.4 CITY-ST-ZIP AVON PARK, FL 33825-9335 City - St - 7IB Addition DELETE 4.1 TITLE TITLE NAME KAISER, MARIA C. 4 2 NAME P.O. BOX 1374 N/A 4.3 STREET ADDRESS STREET ADDRESS SEBRING FL 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5 1 TITLE TITLE KENT, ALAN W. 5.2 NAME NAME 209 LONGVIEW RD. 5.3 STREET ADDRESS STREET ADDRESS SEBRING, FL 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE **√** Change Addition 6 1 TITLE D TITLE D **FRED NUGENT** 

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 time annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify 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 13 if changed, or on an attachment with an address. SIGNATURE:

6.2 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

TOLAR, LEON

4813 SPARTA ROAD

SEBRING, FL 33872-5568

CR2E037

(12/95)