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Jan 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N12474 (5)

1. Corporation Name

KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.



Principal Place of Business

Mailing Address

434 FERNLEAF  
SEBRING FL 33870209 LONGVIEW RD.  
SEBRING FL 33870-1434  
US3. Date Incorporated or Qualified  
12/11/19853a. Date of Last Report  
01/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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 PD  
NAME SHINHOLSER, OLIN  
STREET ADDRESS 4501 SELAH RD.  
CITY-ST-ZIP SEBRING FL1.1 TITLE PD  
1.2 NAME NUGENT, FRED  
1.3 STREET ADDRESS 2815 PAR ROAD  
1.4 CITY-ST-ZIP SEBRING, FL 33872-1230TITLE VP  
NAME NUGENT, FRED  
STREET ADDRESS 2815 PAR ROAD  
CITY-ST-ZIP SEBRING FL2.1 TITLE VP  
2.2 NAME SMITH, BRADLEY  
2.3 STREET ADDRESS 2635 N. AVACADO ROAD  
2.4 CITY-ST-ZIP AVON PARK, FL 33825-9335TITLE V  
NAME SMITH, BRADLEY  
STREET ADDRESS 2635 N. AVACADO RD.  
CITY-ST-ZIP AVON PARK FL3.1 TITLE V  
3.2 NAME KAISER, MARIA  
3.3 STREET ADDRESS P O BOX 1374 N/A  
3.4 CITY-ST-ZIP SEBRING, FL 33871-1374TITLE S  
NAME KAISER, MARIA C.  
STREET ADDRESS P.O. BOX 1374 N/A  
CITY-ST-ZIP SEBRING FL4.1 TITLE S  
4.2 NAME SMITH, CHRISTINA  
4.3 STREET ADDRESS 1708 ELF DRIVE  
4.4 CITY-ST-ZIP SEBRING, FL 33872-5509TITLE DT  
NAME KENT, ALAN W.  
STREET ADDRESS 209 LONGVIEW RD.  
CITY-ST-ZIP SEBRING, FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME TOLAR, LEON  
STREET ADDRESS 4813 SPARTA RD.  
CITY-ST-ZIP SEBRING FL6.1 TITLE D  
6.2 NAME COLANGELO, JOE  
6.3 STREET ADDRESS 239 JAY AVENUE  
6.4 CITY-ST-ZIP SEBRING, FL 33872-3760

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0054212

CR2E037 (9/96)