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FILED
Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA 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 33870**

**209 LONGVIEW RD.
SEBRING FL 33870-1434
US**

3. Date Incorporated or Qualified

12/11/1985

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 ☐ DELETE

1.1 TITLE ☒ Change ☐ Addition

NAME **PD
NUGENT, FRED**
STREET ADDRESS **2815 PAR RD.**
CITY-ST-ZIP **SEBRING FL**

1.2 NAME **PD
KAISER, MARIA**
1.3 STREET ADDRESS **P.O. BOX 73 N/A**
1.4 CITY-ST-ZIP **SEBRING, FL 33871-0073**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME **VP
SMITH, BRADLEY**
STREET ADDRESS **2635 N. AVACADO RD.**
CITY-ST-ZIP **AVON PARK FL**

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☒ Change ☐ Addition

NAME **V
KAISER, MARIA**
STREET ADDRESS **PO BOX 1374 N/A**
CITY-ST-ZIP **SEBRING FL**

3.2 NAME **SMITH, RON**
3.3 STREET ADDRESS **2904 DIVOT RD**
3.4 CITY-ST-ZIP **SEBRING, FL 33872-1298**

TITLE ☐ DELETE

4.1 TITLE ☒ Change ☐ Addition

NAME **S
SMITH, CHRISTINA**
STREET ADDRESS **1708 ELF DR.**
CITY-ST-ZIP **SEBRING FL**

4.2 NAME **S
CUNDIFF, GLENN**
4.3 STREET ADDRESS **P.O. BOX 4096 N/A**
4.4 CITY-ST-ZIP **SEBRING, FL 33871-4096**

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME **DT
KENT, ALAN W.**
STREET ADDRESS **209 LONGVIEW RD.**
CITY-ST-ZIP **SEBRING, FL**

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME **D
COLANGELO, JOE**
STREET ADDRESS **239 JAY AVE.**
CITY-ST-ZIP **SEBRING FL**

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **A. W. KENT**

1/6/98 941 471-5500

CR2E037 (10/97)