


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90098 014 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N12474</b>					
1. Corporation Name <b>KIWANIS CLUB OF DOWNTOWN BREAKFAST, INC.</b>					
Principal Place of Business <b>434 FERNLEAF</b> <b>SEBRING FL 33870</b>			Mailing Address <b>209 LONGVIEW RD.</b> <b>SEBRING FL 33870-1434</b> <b>US</b>		

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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12/11/1985	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		NOT APPLICABLE	
24 Country		29 Country		30 Country	
25		29		30	
5. Certificate of Status Desired				<input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing				<input type="checkbox"/> \$5.00 May Be Added to Fees	
Trust Fund Contribution					

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 <b>SHINHOLSER, OLIN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <del>4501 SELAH ROAD</del> <i>Highlands County Courthouse, Round Bay</i> 83 <i>430 South Commerce Ave.</i> 84 City <b>SEBRING</b> 85 Zip Code <b>FL 33872</b>			

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 *Oliver W. Shinholser* Director 07 JAN 99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	V	<input type="checkbox"/> DELETE		1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, RON			1.2 NAME	BEINER, ALBERT		
STREET ADDRESS	2904 DIVOT RD			1.3 STREET ADDRESS	2620 MEMORIAL DR		
CITY-ST-ZIP	SEBRING FL 33872			1.4 CITY-ST-ZIP	SEBRING, FL 33870-1441		
TITLE	VP	<input type="checkbox"/> DELETE		2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, BRADLEY			2.2 NAME	NUGENT, JUDY		
STREET ADDRESS	2635 N. AVACADO RD.			2.3 STREET ADDRESS	2815 PAR ROAD		
CITY-ST-ZIP	AVON PARK FL			2.4 CITY-ST-ZIP	SEBRING, FL 33872-1230		
TITLE	PD	<input type="checkbox"/> DELETE		3.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KAISER, MARIA			3.2 NAME	SMITH, BRADLEY		
STREET ADDRESS	PO BOX 1374 N/A			3.3 STREET ADDRESS	2635 N. AVACADO RD		
CITY-ST-ZIP	SEBRING FL 33871			3.4 CITY-ST-ZIP	AVON PARK, FL 33825-9335		
TITLE	S	<input type="checkbox"/> DELETE		4.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CUNDIFF, GLENN			4.2 NAME	COLLIER, KEVIN		
STREET ADDRESS	P.O. BOX 4096 N/A			4.3 STREET ADDRESS	3411 AUSTIN ST		
CITY-ST-ZIP	SEBRING FL 33871			4.4 CITY-ST-ZIP	SEBRING, FL ###&@		
TITLE	DT	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KENT, ALAN W.			5.2 NAME			
STREET ADDRESS	209 LONGVIEW RD.			5.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING, FL			5.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	COLANGELO, JOE			6.2 NAME			
STREET ADDRESS	239 JAY AVE.			6.3 STREET ADDRESS			
CITY-ST-ZIP	SEBRING FL			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, with all other like empowered.

SIGNATURE: *Alan W. Kent* 07 JAN 99 941/471-5500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (11/98)