

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N18150 (5)
1. Corporation Name
KIWANIS CLUB OF WILDWOOD, FLORIDA, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -6 PM 12:01

Principal Place of Business Mailing Address
C/O KAREN M. COOK C/O KAREN M. COOK
10191 CR 223 10191 CR 223
OXFORD FL 34484 OXFORD FL 34484

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/09/1986 3a. Date of Last Report 05/01/1994
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 29 Zip
24 Country 30 Country

9. Name and Address of Current Registered Agent

COOK, KAREN M.
10191 CR223
OXFORD FL 34484

10. Name and Address of New Registered Agent

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 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CARUTHERS, BOBBY A II
STREET ADDRESS	4706 CR 103G
CITY-ST-ZIP	OXFORD FL
TITLE	VP
NAME	HARRIS, DAVID P
STREET ADDRESS	P.O. BOX 224
CITY-ST-ZIP	WILDWOOD FL
TITLE	SD
NAME	COOK, KAREN M.
STREET ADDRESS	10191 CR223
CITY-ST-ZIP	OXFORD FL
TITLE	TD
NAME	OGILVIE, ALEX W., II
STREET ADDRESS	P.O. BOX 1070 N/A
CITY-ST-ZIP	LADY LAKE FL
TITLE	D
NAME	ALLEN, RONALD B
STREET ADDRESS	500 S. ST CLAIR ST
CITY-ST-ZIP	WILDWOOD FL
TITLE	D
NAME	WOLF, ED
STREET ADDRESS	P.O. BOX 93 N/A
CITY-ST-ZIP	WILDWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	☒ Change ☐ Addition
1.2 NAME	DAVID P. HARRIS	
1.3 STREET ADDRESS	P.O. Box 224 N/A	
1.4 CITY-ST-ZIP	Wildwood, FL 34785	
2.1 TITLE	VP	☒ Change ☐ Addition
2.2 NAME	Allen, Ronald B.	
2.3 STREET ADDRESS	500 S. ST. CLAIR ST.	
2.4 CITY-ST-ZIP	Wildwood, FL 34785	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	SAME	
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	SAME	
4.4 CITY-ST-ZIP		
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Wolf, Dwight E	
5.3 STREET ADDRESS	P.O. Box 93 N/A	
5.4 CITY-ST-ZIP	Wildwood, FL 34785	
6.1 TITLE	D	☒ Change ☐ Addition
6.2 NAME	Darwin, Dennis E	
6.3 STREET ADDRESS	1196 Broken Oak Dr.	
6.4 CITY-ST-ZIP	Wildwood, FL 34785	

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 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: *Karen M. Cook*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
KAREN M. COOK, SEC.

1-20-95 904-748-1701
Date Daytime (Area)