

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N18150** (5)

1. Corporation Name

**KIWANIS CLUB OF WILDWOOD, FLORIDA, INC.**



Principal Place of Business

Mailing Address

C/O KAREN M. COOK  
10191 CR 223  
OXFORD FL 34484

C/O KAREN M. COOK  
10191 CR 223  
OXFORD FL 34484

3. Date Incorporated or Qualified  
**12/09/1986**

3a. Date of Last Report  
**02/06/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOK, KAREN M.  
10191 CR223  
OXFORD FL 34484

81 Name

**Tangie Staton**

82

Street Address (P.O. Box Number is Not Acceptable)

**P.O. Box 40**

83

84

City

**Wildwood**

FL

85 Zip Code

**34785**

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

*Tangie Staton*

(NOTE: Registered Agent signature required when reinstating)

**1/30/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	HARRIS, DAVID P	
STREET ADDRESS	P O BOX 224 N/A	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALLEN, RONALD B	
STREET ADDRESS	500 S ST CLAIR ST	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	COOK, KAREN M.	
STREET ADDRESS	10191 CR223	
CITY-ST-ZIP	OXFORD FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	OGILVIE, ALEX W., II	
STREET ADDRESS	P.O. BOX 1070 N/A	
CITY-ST-ZIP	LADY LAKE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WOLF, DWIGHT E	
STREET ADDRESS	P O BOX 93 N/A	
CITY-ST-ZIP	WILDWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DARKIN, DENNIS F	
STREET ADDRESS	1186 BROKEN OAK DR	
CITY-ST-ZIP	WILDWOOD FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALLEN, RONALD	
1.3 STREET ADDRESS	P. O BOX 589	
1.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	COUILLARD, DIANE	
2.3 STREET ADDRESS	13287 CR-245W	
2.4 CITY-ST-ZIP	OXFORD, FL #4484	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	STATON, TANGIE	
3.3 STREET ADDRESS	P.O. BOX 40	
3.4 CITY-ST-ZIP	WILDWOOD, FL 34785	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	HARRIS, DAVID P	
6.3 STREET ADDRESS	P.O. BOX 224	
6.4 CITY-ST-ZIP	WILDWOOD, FL 34785	

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**\*\*\*61.25**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**1/30/96 352-**

CR2E037 (12/95)