

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 # N18918 (5)

1. Corporation Name

KIWANIS CLUB OF JASPER, FLORIDA, INC.

Principal Place of Business

Mailing Address

104 S. CENTRAL AVE.  
P. O. BOX 1005  
JASPER FL 32052  
US

104 S. CENTRAL AVE.  
P. O. BOX 1005  
JASPER FL 32052  
US



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

3. Date Incorporated or Qualified  
01/26/1987

3a. Date of Last Report  
04/26/1995

4. FEI Number  
59-2929017

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

RUDSER, DON  
104 S. CENTRAL AVE.  
P.O. BOX 1005 1011  
JASPER FL 32052

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 of person named name of registered agent and title if applicable

(NOTE: Registered Agent signature required when changing)

2-19-95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME TAYLOR, RON  
STREET ADDRESS COUNTY HEALTH DEPT. S. CENTRAL AVE.  
CITY-ST-ZIP JASPER FL

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
President  
Don Rudsee  
104 S. Central Ave  
Jasper, FL

TITLE VP  
NAME RUDGER, DON  
STREET ADDRESS 104 S. CENTRAL AVENUE  
CITY-ST-ZIP JASPER FL

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
Clay Wachob  
Rt. 2 Box 200  
Jasper FL

TITLE S  
NAME CASON, BOBBY  
STREET ADDRESS 104 W. HATELY AVE.  
CITY-ST-ZIP JASPER FL

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  
NAME JORDAN, JENNETTE  
STREET ADDRESS 1ST FEDERAL SW 2ND STREET  
CITY-ST-ZIP JASPER FL

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE D  
NAME ROGERS, MARVIN  
STREET ADDRESS 129 SE 10TH STREET  
CITY-ST-ZIP JASPER FL

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  
NAME WACHOB, CLAY  
STREET ADDRESS RR #2, BOX 300  
CITY-ST-ZIP JASPER FL

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
Ron Taylor  
Co. Health Dept. So Central Ave  
Jasper FL

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

2-19-95 104-72-1933

CR2E037 (12/95)