


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

3. Date Incorporated or Qualified

01/26/1987

4. FEI Number

59-2929017

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

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 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, 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	P	<input type="checkbox"/> DELETE
NAME	WESTER, JOHN	
STREET ADDRESS	104 S CENTRAL AVE	
CITY-ST-ZIP	JASPER FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VICKERS, HAROLD	
STREET ADDRESS	PO BOX 888, N/A	
CITY-ST-ZIP	JASPER FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	HAMPTON, VICKY	
STREET ADDRESS	PO BOX 100, N/A	
CITY-ST-ZIP	JASPER FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	JORDAN, JENNETTE	
STREET ADDRESS	1ST FEDERAL SW 2ND STREET	
CITY-ST-ZIP	JASPER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROGERS, MARVIN	
STREET ADDRESS	129 SE 10TH STREET	
CITY-ST-ZIP	JASPER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUDSER, DON	
STREET ADDRESS	104 S. CENTRAL AVE.	
CITY-ST-ZIP	JASPER FL 32052	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 be an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)