

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 # **N22965 (0)**

1. Corporation Name
KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, IN C.



Principal Place of Business: **136 S 6TH STREET, P.O. BOX 905, HAINES CITY FL 33845**
Mailing Address: **136 S 6TH STREET, P.O. BOX 905, HAINES CITY FL 33845**

3. Date Incorporated or Qualified: **10/12/1987**
3a. Date of Last Report: **11/07/1995**
4. FEI Number: **59-1695483**
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

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent
**CARMAN, MARY
316 6TH ST SOUTH
DUNDEE FL 33838**

10. Name and Address of New Registered Agent (81-85)
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, RUTUS	
STREET ADDRESS	112 E. GRAHAM PARK	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, C. C.	
STREET ADDRESS	5 OAK RIDGE ROAD	
CITY - ST - ZIP	DAVENPORT FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STEVEN, JOE	
STREET ADDRESS	POST OFFICE BOX 243 N/A	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	BARBER, JERRY	
STREET ADDRESS	400 PENINSULAR COURT	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BOWEN, JUDSON	
STREET ADDRESS	2321 JOHNSON AVENUE	
CITY - ST - ZIP	HAINES CITY FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CONRAD, C.	
STREET ADDRESS	303 S. 14TH STREET	
CITY - ST - ZIP	HAINES CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	B. E. Cook
1.4 CITY - ST - ZIP	16 S. Lake Elsie Dr Haines City, FL 33844
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V
2.3 STREET ADDRESS	Tom Wilson
2.4 CITY - ST - ZIP	166 Dartmouth Dr Haines City, FL 33844
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	(Mr. Steven now President)
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	Dorsey Vickers
4.4 CITY - ST - ZIP	1010 Norma Ave Haines City, FL 33844
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	Wallace Williams
5.4 CITY - ST - ZIP	211 East Bay St. Davenport, FL 33837
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 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: *Joe Steven*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Joe Steven, President

Date: _____
Daytime Phone #: **941/422-4814**

CR2E037 (12/95)