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Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
136 S 6TH STREET 136 S 6TH STREET  
P.O. BOX 905 P.O. BOX 905  
HAINES CITY FL 33845 HAINES CITY FL 33845-0905

3. Date Incorporated or Qualified 10/12/1987  
3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 25 Country 28 Zip 29 Country 30  
4. FEI Number 59-1695483 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  
CARMAN, MARY  
316 6TH ST SOUTH  
DUNDEE FL 33838

10. Name and Address of New Registered Agent  
81 Name WILSON, THOMAS M  
82 Street Address (P.O. Box Number is Not Acceptable) 166 DARTMOUTH DRIVE  
83  
84 City HAINES CITY FL 85 Zip Code 33844

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 Thomas M. Wilson, President DATE 4/8/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS  
TITLE D COOK, D E  
NAME COOK, D E  
STREET ADDRESS 16 S LAKE ELSIE DR  
CITY-ST-ZIP HAINES CITY FL  
TITLE V WILSON, TOM  
NAME WILSON, TOM  
STREET ADDRESS 166 DARTMOUTH DR  
CITY-ST-ZIP HAINES CITY FL  
TITLE P STEVEN, JOE  
NAME STEVEN, JOE  
STREET ADDRESS POST OFFICE BOX 243 N/A  
CITY-ST-ZIP HAINES CITY FL  
TITLE D VICKERS, DORSEY  
NAME VICKERS, DORSEY  
STREET ADDRESS 1010 NORMA AVE  
CITY-ST-ZIP HAINES CITY FL  
TITLE D WILLIAMS, WALLACE  
NAME WILLIAMS, WALLACE  
STREET ADDRESS 211 EAST BAY ST  
CITY-ST-ZIP DAVENPORT FL  
TITLE D CONRAD, C.  
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  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE P  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE V  
3.2 NAME FLOWERS, OWEN  
3.3 STREET ADDRESS 706 CHURCH AVE.  
3.4 CITY-ST-ZIP HAINES CITY, FL 33844  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 on an attachment with an address.

SIGNATURE: Thomas M. Wilson, President DATE 4/8/97 941-956-3515

CR2E037 (9/96)