

FILE NOW: FILING FEE IS \$61.25

FILED
Jun 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N 22965
 1. Corporation Name
KIWANIS CLUB OF GREENTREE HAINES CITY, FLORIDA, INC.

Principal Place of Business: **136 South 6th Street HAINES CITY, FL 33844**
 Mailing Address: **P.O. BOX 905 HAINES CITY, FL 33845-0905**

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3. Date Incorporated or Qualified: **10/12/1987**

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**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
WILSON, THOMAS M
166 DARTMOUTH DRIVE
HAINES CITY, FL. 33844-6242

10. Name and Address of New Registered Agent

81 Name: **FLOWERS, OWEN**
 82 Street Address (P.O. Box Number is Not Acceptable): **706 CHURCH AVE**
 83 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: *Owen Flowers* **OWEN FLOWERS (Pres.)** DATE: **5/22/98**

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COOK, DE	
STREET ADDRESS	16 SOUTH LAKE ELSIE DR.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	WILSON TOM	<input checked="" type="checkbox"/> DELETE
NAME	WILSON TOM	
STREET ADDRESS	166 DARTMOUTH DR	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	FLOWERS, OWEN	<input type="checkbox"/> DELETE
NAME	FLOWERS, OWEN	
STREET ADDRESS	706 CHURCH AVE	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	VICKERS, DORSEY	<input type="checkbox"/> DELETE
NAME	VICKERS, DORSEY	
STREET ADDRESS	1010 NORMA AVE.	
CITY-ST-ZIP	HAINES CITY, FL 33844	
TITLE	WILLIAMS, WALLACE	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, WALLACE	
STREET ADDRESS	211 EAST BAY ST.	
CITY-ST-ZIP	DAVENPORT, FL	
TITLE	CONRAD, CHARLES	<input checked="" type="checkbox"/> DELETE
NAME	CONRAD, CHARLES	
STREET ADDRESS	303 S. 14th STREET	
CITY-ST-ZIP	HAINES CITY, FL 33844	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	WIDENER, MAURINCE	
13 STREET ADDRESS	8006 WATERVIEW WAY SW	
14 CITY-ST-ZIP	WINTER HAVEN, FL 33884-3556	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	PILGRIM, OWEN	
23 STREET ADDRESS	811 EDLEWISSE DR.	
24 CITY-ST-ZIP	WINTER HAVEN, FL 33881	
31 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	RANDALL, DONNA	
53 STREET ADDRESS	602 LAKE LEHA BLVD.	
54 CITY-ST-ZIP	AUBURNDALE, FL 33823-2937	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	400002553484	
63 STREET ADDRESS	-06/03/98--01105--011	
64 CITY-ST-ZIP	***61.25	

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 on an attachment with an address.

SIGNATURE: *Owen Flowers* **OWEN FLOWERS** DATE: **5/21/98** PHONE: **941-422-3660**

CR2E037 (10/97)