


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90103 015 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N22965 1. Corporation Name KIWANIS CLUB OF GREATER HAINES CITY, FLORIDA, IN C.		
Principal Place of Business 136 SOUTH 6TH STREET HAINES CITY FL 33844	Mailing Address PO BOX 905 HAINES CITY FL 33845-0905	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/12/1987
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1695483
22. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24. Country	29. Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FLOWERS, OWEN 706 CHURCH AVE HAINES CITY FL 33844				81. Name	THOMAS M. WILSON		
				82. Street Address (P.O. Box Number is Not Acceptable)	166 DARTMOUTH DRIVE		
				83.			
				84. City	HAINES 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]* DATE: **1/12/99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIDENER, LAWRENCE	1.2 NAME	
STREET ADDRESS	8006 WATERVIEW WAY SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33884-3556	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PILGRIM, OWEN	2.2 NAME	
STREET ADDRESS	211 EDELWEISSE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN FL 33881	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOWERS, OWEN	3.2 NAME	
STREET ADDRESS	706 CHURCH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICKERS, DORSEY	4.2 NAME	
STREET ADDRESS	1010 NORMA AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL 33844	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RANDALL, DONNA	5.2 NAME	
STREET ADDRESS	602 LAKE LEHA BLVD	5.3 STREET ADDRESS	
CITY-ST-ZIP	AUBURNDALE FL 33823	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	S/T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	THOMAS M. WILSON
STREET ADDRESS		6.3 STREET ADDRESS	166 DARTMOUTH DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	HAINES CITY, FL 33844

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1/14/99** DAYTIME PHONE #: **941-956-3515**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)