FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **N24599** (5)

1. Corporation Name

THE EXCHANGE CLUB OF KISSIMMEE INC.

Principal Place of Business	Mailing Address
P.O. BOX 42166 KISSIMMEE FL 34742	P.O. BOX 42166 KISSIMMEE FL 34742

3. Date Incorporated or Qualified: 02/01/1988
3a. Date of Last Report: 03/25/1994
4. FEI Number: 59-2952308 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~GOODWIN, KIMBERLEE A~~ ~~901 W OAK ST~~ ~~SUITE 100~~ ~~KISSIMMEE FL 34741~~	81 Name: Marilyn Siering 82 Street Address (P.O. Box Number Is Not Acceptable): ~~P.O. Box 1910~~ 1011 N. main S.T 83 Kissimmee, Fl. ~~34742~~ 34744 84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Roberta A Carter / Marilyn Siering — ~~5/10/95~~ 6/20/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	SIERING, MARILYN	1.2 NAME	Siering, Marilyn
STREET ADDRESS	P O BOX 1910 NA	1.3 STREET ADDRESS	~~P.O. Box 1910~~ 1011 N. main ST.
CITY-ST-ZIP	KISSIMMEE FL	1.4 CITY-ST-ZIP	Kissimmee, Fl. ~~34742~~ 34744
TITLE	P	2.1 TITLE	P/E ☒ Change ☐ Addition
NAME	GEIL, KAREN	2.2 NAME	Dixon, Charlotte
STREET ADDRESS	920 N BERMUDA AVE	2.3 STREET ADDRESS	1011 N. Main St.
CITY-ST-ZIP	KISSIMMEE FL	2.4 CITY-ST-ZIP	Kissimmee, Fl. 34744
TITLE	D	3.1 TITLE	S ☒ Change ☐ Addition
NAME	RUNYON, RUTH	3.2 NAME	Tina Miller
STREET ADDRESS	1365 NEPTUNE RD	3.3 STREET ADDRESS	~~P.O. Box 430571 n/a~~ 716 N. main St.
CITY-ST-ZIP	KISSIMMEE FL	3.4 CITY-ST-ZIP	Kissimmee, Fl. ~~34743~~ 34741
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	CARTER, ROBERTA	4.2 NAME	Carter, Roberta
STREET ADDRESS	1012 W EMMETT ST., STE A	4.3 STREET ADDRESS	1012 W. Emmett St., Suite A
CITY-ST-ZIP	KISSIMMEE FL	4.4 CITY-ST-ZIP	Kissimmee, Fl. 34741
TITLE	D	5.1 TITLE	D ☐ Change ☐ Addition
NAME	HARBIN, CHARLIE	5.2 NAME	Runyon, Ruth
STREET ADDRESS	27 LINDA LANE	5.3 STREET ADDRESS	1365 Neptune Rd.
CITY-ST-ZIP	KISSIMMEE FL	5.4 CITY-ST-ZIP	Kissimmee, Fl. 34744
TITLE	D	6.1 TITLE	D ☒ Change ☐ Addition
NAME	DIXON, CHARLOTTE	6.2 NAME	Lynch, Craig
STREET ADDRESS	1011 N MAIN ST	6.3 STREET ADDRESS	~~P.O. Box 421379 n/a~~ 1244 S. Carroll S.T.
CITY-ST-ZIP	KISSIMMEE FL	6.4 CITY-ST-ZIP	Kissimmee, Fl. ~~34742~~ 34744

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)(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: Roberta A Carter — 5/10/95 — 407-846-7175
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

Roberta Ann Carter, Treasurer

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