

# 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 # 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

**07/14/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SIERING, MARILYN  
1011 N MAIN ST  
KISSIMMEE FL 34744**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	SIERING, MARILYN	
STREET ADDRESS	1011 N MAIN ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MILLER, TINA	
STREET ADDRESS	716 N MAIN ST	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RUNYON, RUTH	
STREET ADDRESS	1365 NEPTUNE RD	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, ROBERTA	
STREET ADDRESS	1012 W EMMETT ST., STE A	
CITY-ST-ZIP	KISSIMMEE FL 34741	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LYNCH, CRAIG	
STREET ADDRESS	1244 E CARROLL ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	
TITLE	PE	<input type="checkbox"/> DELETE
NAME	DIXON, CHARLOTTE	
STREET ADDRESS	1011 N MAIN ST	
CITY-ST-ZIP	KISSIMMEE FL 34744	

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SIERING, MARILYN	
1.3 STREET ADDRESS	1011 N MAIN ST	
1.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34744	
2.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GIEH, KAREN	
2.3 STREET ADDRESS	920 N. BERMUDA AVE.	
2.4 CITY-ST-ZIP	KISSIMMEE, FL. 34741	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RUNYON, RUTH	
3.3 STREET ADDRESS	1365 NEPTUNE RD.	
3.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34744	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HADLEY, BARBARA	
4.3 STREET ADDRESS	4425 S. PLEASANT HILL RD.	
4.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34746	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SIEGEL, T. McMILLAN	
5.3 STREET ADDRESS	714 S. RANDOLPH AVE	
5.4 CITY-ST-ZIP	KISSIMMEE, FLA. 34741	
6.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	DIXON, CHARLOTTE	
6.3 STREET ADDRESS	1011 N. MAIN ST.	
6.4 CITY-ST-ZIP	KISSIMMEE, FLA. 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)(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:

*Ruth Runyon*

*Ruth Runyon*

Date

Daytime Phone #

1-21-96 407-348-8797

CR2E037 (12/95)