


FILE NOW: FILING FEE IS \$61.25

FILED

Jun 06 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25396 (5)**  
 1. Corporation Name  
**KIWANIS AKTION CLUB OF INDIAN RIVER COUNTY, INC.**



<b>Principal Place of Business</b> *SAMUEL A. BLOCK 2127 10TH AVENUE VERO BEACH FL 32960	<b>Mailing Address</b> *SAMUEL A. BLOCK 2127 10TH AVENUE VERO BEACH FL 32960-5307
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc. City & State Zip Country		<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc. City & State Zip Country		<b>3. Date Incorporated or Qualified</b> 03/14/1988	<b>3a. Date of Last Report</b> 05/22/1996
<b>4. FEI Number</b> 65-0133215		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

<b>9. Name and Address of Current Registered Agent</b> BLOCK, SAMUEL A. 2127 10TH AVENUE VERO BEACH FL 32960				<b>10. Name and Address of New Registered Agent</b> 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DESENA, DIANE			1.2 NAME	DESENA, DIANE		
STREET ADDRESS	2677 12TH STREET			1.3 STREET ADDRESS	2677 12TH STREET		
CITY-ST-ZIP	VERO BEACH FL			1.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	P	<input type="checkbox"/> DELETE		2.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REPLOGLE, JOHN			2.2 NAME	REPLOGLE, JOHN		
STREET ADDRESS	1386-16TH AVENUE			2.3 STREET ADDRESS	1386-16TH AVENUE		
CITY-ST-ZIP	VERO BEACH FL			2.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WELLS, LLOYD			3.2 NAME			
STREET ADDRESS	1386 16TH AVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			3.4 CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> DELETE		4.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SHAW, VERNEL			4.2 NAME	SHAW, VERNEL		
STREET ADDRESS	1865 40TH AVE			4.3 STREET ADDRESS	1865 40TH AVE		
CITY-ST-ZIP	VERO BEACH FL			4.4 CITY-ST-ZIP	VERO BEACH, FL		
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHOLZE, CINDY			5.2 NAME			
STREET ADDRESS	45-206 PLANTATION DRIVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	VERO BEACH FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 provided 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 change.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E037 (9/96)