

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUL 17 AM 8:50

DOCUMENT # N26382 (4)

1. Corporation Name

BARTOW KWANIS FOUNDATION, INCORPORATED

Principal Place of Business

Mailing Address

**% JAMES R. MEYER
PO DRAWER 1356, 225 S. CENTRAL AVE.
BARTOW FL 33830**

**% JAMES R. MEYER
PO DRAWER 1356, 225 S. CENTRAL AVE.
BARTOW FL 33830**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/11/1988** 3a. Date of Last Report **05/01/1994**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 Zip Country 25 Country 29 Zip Country 30 Country

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

**MEYER, JAMES R.
225 S. CENTRAL AVE.
BARTOW FL 33830**

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 _____ (NOTE: Registered Agent signature required when registering) DATE _____

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D**
NAME **JOHNSON, W. FRANK**
STREET ADDRESS **6027 YARBOROUGH LANE**
CITY - ST - ZIP **LAKELAND FL**

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP

TITLE **D**
NAME **MEYER, JAMES R.**
STREET ADDRESS **225 S. CENTRAL AVE.**
CITY - ST - ZIP **BARTOW FL**

21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
2 4 CITY - ST - ZIP

TITLE **D**
NAME **FRY, C.R.**
STREET ADDRESS **4405 STATE ROAD 60 EAST**
CITY - ST - ZIP **BARTOW FL**

31 TITLE Change Addition
32 NAME
33 STREET ADDRESS
3 4 CITY - ST - ZIP

TITLE **D**
NAME **RAYNOR, ARTHUR D.**
STREET ADDRESS **450 E. HOOKER ST.**
CITY - ST - ZIP **BARTOW FL**

41 TITLE Change Addition
4 2 NAME
4 3 STREET ADDRESS
4 4 CITY - ST - ZIP

TITLE **D**
NAME **LYLE, WALKER C.**
STREET ADDRESS **100 FOUTH STREET**
CITY - ST - ZIP **HOMELAND FL**

51 TITLE Change Addition
5 2 NAME
5 3 STREET ADDRESS
5 4 CITY - ST - ZIP

TITLE **D**
NAME **WRIGHT, STEVEN R.**
STREET ADDRESS **550 EAST DAVIDSON STREET**
CITY - ST - ZIP **BARTOW, FL**

61 TITLE Change Addition
6 2 NAME
6 3 STREET ADDRESS
6 4 CITY - ST - ZIP

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:

Steven R. Wright
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STEVEN R. WRIGHT

7/6/95 **941-533-7191**
Date System Phone #