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
95 MAY -1 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N28583 (5)

1. Corporation Name
KIWANIS CLUB OF SOUTHWEST ORLANDO, INC.

Principal Place of Business	Mailing Address
1317 KENTUCKY AVE. ST. CLOUD FL 34769 US	1317 KENTUCKY AVE. ST. CLOUD FL 34769 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1988
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-2827334 ☐ Applied For ☐ Not Applicable
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

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

9. Name and Address of Current Registered Agent

CROSS, JOSEPH
~~7682 MUNICIPAL DRIVE~~ New
~~ORLANDO FL 32819~~ New

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1317 Kentucky Ave.
83
84 City: St Cloud FL 85 Zip Code: 34769

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 _____ DATE
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, HUGO	12 NAME	
STREET ADDRESS	4845 MYRTLE BAY DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	14 CITY-ST-ZIP	
TITLE	SD	21 TITLE	☒ Change ☐ Addition
NAME	WILLIAM A. HUNTER .	22 NAME	SD Beverly J. Thatcher c/o SunBank, NA 7677 Dr. Phillips Blvd. Orlando, FL 32819
STREET ADDRESS	4862 MARKS TERRACE	23 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32811	24 CITY-ST-ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	JAMES J. LAWRENCE	32 NAME	
STREET ADDRESS	2090 E. ATMORE CIRCLE	33 STREET ADDRESS	
CITY-ST-ZIP	DELTONA FL 32725	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	600001518116 -06/20/95--01110--005 *****61.25 *****61.25
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	REMITTED BY MAIL 5.1.95 MS
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: Hugo E. Hernandez Hugo E. Hernandez 3-16-95 (407) 425-2624
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

0000347