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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32875

1. Corporation Name

LAKELAND KIWANIS FOUNDATION, INC.

Principal Place of Business

203 KERNEYWOOD
LAKELAND FL 33803

Mailing Address

P.O. BOX 2036
LAKELAND FL 33806



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

06/19/1989

4. FEI Number

59-2965158

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

9. Name and Address of Current Registered Agent

PARKS, JOHN PAUL
5300 SOUTH FLORIDA AVENUE
LAKELAND FL 33813

10. Name and Address of New Registered Agent

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

TITLE PD ☐ DELETE
NAME ZIMMERMANN, G F III
STREET ADDRESS 203 KERNEYWOOD
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ DELETE
NAME LEE, JACK C
STREET ADDRESS 100 S. KENTUCKY AVENUE
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ DELETE
NAME MADDEN, ROBERT L
STREET ADDRESS 2426 JONILA
CITY-ST-ZIP LAKELAND FL 33803

TITLE VD ☐ DELETE
NAME ROBERTS, J H JR.
STREET ADDRESS 1446 OAKLAWN PLACE
CITY-ST-ZIP LAKELAND FL 33803

TITLE D ☐ DELETE
NAME MOTTERN, RICHARD C SR.
STREET ADDRESS 6972 HAYTER DRIVE
CITY-ST-ZIP LAKELAND FL 33813

TITLE TD ☐ DELETE
NAME FARNSWORTH, JAMES L
STREET ADDRESS 121 SHADOW LANE
CITY-ST-ZIP LAKELAND FL 33813

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

James F. Farnsworth
SIGNATURE REQUIRED

1-25-99

(941) 533-4141

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)