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Feb 12 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34325 (3)

1. Corporation Name

KIWANIS CLUB OF LAKE SEMINOLE FOUNDATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 4453  
SEMINOLE FL 34642-1453  
USP.O. BOX 4453  
SEMINOLE FL 33775-4453  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MAUS, ROBERT  
9569 117TH ST N  
SEMINOLE FL 33772

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 Robert Maus

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 PD ☒ DELETE  
NAME TRAUTWEIN, WILLIAM  
STREET ADDRESS 1949 LOS LOMAS DRIVE  
CITY-ST-ZIP CLEARWATER FL1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME Trautwein, William T.  
1.3 STREET ADDRESS 1949 Los Lomas Dr.  
1.4 CITY-ST-ZIP Clearwater, FLTITLE VPD ☒ DELETE  
NAME ZAZZARO, RITA  
STREET ADDRESS 11470 72ND TERRACE N.  
CITY-ST-ZIP SEMINOLE FL 346422.1 TITLE VD ☒ Change ☒ Addition  
2.2 NAME Maus, Robert  
2.3 STREET ADDRESS 9569 117th St. N.  
2.4 CITY-ST-ZIP Seminole, FL 33772TITLE S ☐ DELETE  
NAME BIRDWELL LARRY E.  
STREET ADDRESS 13583 CORDOVA DRIVE  
CITY-ST-ZIP LARGO FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME BIRDWELL, GINA KIZER  
STREET ADDRESS 13583 CORDOVA DRIVE  
CITY-ST-ZIP LARGO FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☒ DELETE  
NAME JOEY MIAZGA  
STREET ADDRESS 9209 SEMINOLE BLVD 54  
CITY-ST-ZIP SEMINOLE FL 346425.1 TITLE TD ☐ Change ☒ Addition  
5.2 NAME Harris, Patricia L.  
5.3 STREET ADDRESS 1001 Starkey Rd., Lot 73  
5.4 CITY-ST-ZIP Largo, FL 33771TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 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 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: Patricia L. Harris RE-QUALIFIED L. Harris 2/6/97 (813) 539-0455

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0051874

CR2E037 (9/96)