

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N35302 (1)

1. Corporation Name

KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.



Principal Place of Business

8375 SW HWY 200
COMMUNITY RM. 2ND FL
OCALA FL 34481
US

Mailing Address

PAUL SHAERER
9015 A SW 94TH ST
OCALA FL 34481
US

3. Date Incorporated or Qualified
11/17/1989

3a. Date of Last Report
02/14/1995

2. Principal Place of Business
Same

2a. Mailing Address
Same

4. FEI Number
59-3078265

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23 City & State

28 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24 Zip

25 Country

29 Zip

30 Country

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

SHAERER, PAUL S
9015 A SW 94TH ST
OCALA FL 34481

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 *Paul S. Shaerer*

PAUL S. SHAERER

1-12-96

Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MENTZER, SWIGHT	
STREET ADDRESS	12182 N MAGNOLIA AVE	
CITY - ST - ZIP	OCALA FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HANSCOM, HENRY	
STREET ADDRESS	8075 SW 116TH LOOP	
CITY - ST - ZIP	OCALA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SHAERER, PAUL S	
STREET ADDRESS	9015 A SW 94TH ST	
CITY - ST - ZIP	OCALA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRUCE, HAROLD	
STREET ADDRESS	8440 SW 115TH ST. RD	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HAENITSCH, AL	
STREET ADDRESS	8019 SW 115TH LOOP	
CITY - ST - ZIP	OCALA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HYDE, GEORGE	
STREET ADDRESS	10061 SW 95TH ST	
CITY - ST - ZIP	OCALA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Kathie Rushlow	
1.3 STREET ADDRESS	627 NE 45th. Ct.	
1.4 CITY - ST - ZIP	Ocala, Fl. 34470	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Ian Rieker	
2.3 STREET ADDRESS	7694 SW 102nd. Loop	
2.4 CITY - ST - ZIP	Ocala, Fl. 34476	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Hubert Vande Vorde	
5.3 STREET ADDRESS	11458 SW 73th. Cir.	
5.4 CITY - ST - ZIP	Ocala, Fl. 34476	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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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:

Paul S. Shaerer

PAUL S. SHAERER

1-12-96

878-3182

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)

N/35302 Pg. 2

CORPORATE ANNUAL REPORT

1996

Kiwanis Club of Friendship of Ocala, Inc.

Block 12 - Continued.

D
Earl Kelly
8026 sw 109th Pl. Rd.
Ocala, Fl 34481

D
Marti Reckdenwald
10293 SW 82nd. Ter
Ocala, Fl 34481

D
Willard Fitzgerald
8079 SW 116th Loop
Ocala, Fl. 34481

D
Henry Hanscom
8075 SW 116th. Loop
Ocala, Fl. 34481

D
Ramsey McPherson
10180 SW 73rd. Terr
Ocala, Fl. 34476