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FILED

Feb 11 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSDOCUMENT # N35302 (1)
1. Corporation Name

KIWANIS CLUB OF FRIENDSHIP OF OCALA, INC.

Principal Place of Business

Mailing Address

8375 SW HWY 200
COMMUNITY RM. 2ND FL
OCALA FL 34481
USPAUL SHAERER
9015 A SW 94TH ST
OCALA FL 34481-4533
US3. Date Incorporated or Qualified
11/17/19893a. Date of Last Report
03/08/1996

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

25

29

30

4. FEI Number
59-3078265Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution\$5.00 May Be
Added to Fees8. 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

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 P
NAME RUSHLOW, KATHIE
STREET ADDRESS 627 NE 45TH CT.
CITY-ST-ZIP OCALA FL 344701.1 TITLE P
1.2 NAME LEN RIEKER
1.3 STREET ADDRESS 7694 S.W. 102nd. LOOP
1.4 CITY-ST-ZIP OCALA, FL. 34476TITLE D
NAME KELLY, EARL
STREET ADDRESS 8026 SW 109TH PL. RD.
CITY-ST-ZIP OCALA FL 344812.1 TITLE T
2.2 NAME MARTI RECKDENWALD
2.3 STREET ADDRESS 7927 S.W. 12th. CIR.
2.4 CITY-ST-ZIP OCALA, FL. 34480TITLE S
NAME SHAERER, PAUL S
STREET ADDRESS 9015 A SW 94TH ST
CITY-ST-ZIP OCALA FL3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE T
NAME BRUCE, HAROLD
STREET ADDRESS 8440 SW 115TH ST. RD
CITY-ST-ZIP OCALA FL4.1 TITLE V
4.2 NAME HUB VANDE VORDE
4.3 STREET ADDRESS 11458 S.W. 78th. CIR.
4.4 CITY-ST-ZIP OCALA, FL. #\$\$\$&TITLE D
NAME RECKDENWALD, MARTI
STREET ADDRESS 10293 SW 82ND TERR.
CITY-ST-ZIP OCALA FL 344815.1 TITLE V
5.2 NAME JIM MORRIS
5.3 STREET ADDRESS 8094 S.W. 116th. LOOP
5.4 CITY-ST-ZIP OCALA, FL. #\$\$\$*!TITLE D
NAME HYDE, GEORGE
STREET ADDRESS 10061 SW 95TH ST
CITY-ST-ZIP OCALA FL6.1 TITLE D
6.2 NAME DWIGHT MENTZER
6.3 STREET ADDRESS 12182 N. MAGNOLIA AVE.
6.4 CITY-ST-ZIP OCALA, FL. 34475

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.

CP2E037 (9/96)