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Feb 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/17/1989
4. FEI Number 59-3078265
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SHAERER, PAUL S
 9015 A SW 94TH ST
 OCALA FL 34481**

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 Paul S Shaerer (NOTE: Registered Agent signature required when reinstating) DATE 2-4-98

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	RIEKER, LEN
STREET ADDRESS	7694 S.W. 102ND LOOP
CITY-ST-ZIP	OCALA FL 34478
TITLE	T <input type="checkbox"/> DELETE
NAME	RECKDENWALD, MARTI
STREET ADDRESS	7927 S.W. 12TH CIR.
CITY-ST-ZIP	OCALA FL 34480
TITLE	S <input type="checkbox"/> DELETE
NAME	SHAERER, PAUL S
STREET ADDRESS	9015 A SW 94TH ST
CITY-ST-ZIP	OCALA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	VANDE VORDE, HUB
STREET ADDRESS	11458 S.W. 78TH CIR.
CITY-ST-ZIP	OCALA FL
TITLE	V <input type="checkbox"/> DELETE
NAME	NORRIS, JIM
STREET ADDRESS	8094 S.W. 116TH LOOP
CITY-ST-ZIP	OCALA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MENTZER, DWIGHT
STREET ADDRESS	12182 N. MAGNOLIA AVE.
CITY-ST-ZIP	OCALA FL 34475

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VANDE VORDE, HUBERT
1.3 STREET ADDRESS	11458 SW 78th CIR.
1.4 CITY-ST-ZIP	OCALA
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	V/O <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TREMEWEN, KENNETH
4.3 STREET ADDRESS	8016 SW 116th LOOP
4.4 CITY-ST-ZIP	OCALA, FL.
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: Paul S Shaerer 2-4-98 252-873-3182

CR2E037 (10/97)

CORPORATE ANNUAL REPORT

1998

KIWANIS CLUB OF FRIENDSHIP OF OCALA, Inc.

BLOCK 12 - CONYINUED

D
LENT, BUD
8264 SW 115th LA
OCALA, FL.

D
GRANSER, ED
8071 SW 116th LOOP
OCALA, FL

D
RUSHLOW, KATHY
627 NE 45th CT
OCALA, FL.

D
ASHTON, JIM
8236 SW 115th ST.

OCALA, FL.

D
SALS, STEED
P O BOX 1875
BELLVIEW, FL.