FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1998

| POCUMENT # N35627 (1) | | | | | |
|---|--|-------------------------------|---------------------------------|--|-----------------------------------|
| KIWANIS CLUB OF PLANT CITY - SUNRISE, INC. | | | | | |
| | | | | | |
| Principal Plac | ce of Business | Mailing Address | | | . 01811 |
| 802 W SAUNDERS ST 602 W SAUNDERS ST | | | | 2 Date Inservered or Ouglified | |
| PLANT CITY FL 33566 PLANT CITY FL 33566 | | | | 3. Date Incorporated or Qualified 12/08/1989 | |
| 1 | | | | 4. FEI Number | Applied For |
| O Delegate at D | Place of Business 1101 Golde | 2a. Mailing Address | | 59-2981978 | Not Applicable |
| 2. Principal Place of Business 100 00. 26 P.O. Box 2 | | | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| Suite, Apt. | | Suite, Apt. #, etc. | 4 | Election Campaign Financing | \$5.00 May Be |
| 22 | | 27 | | Trust Fund Contribution | Added to Fees |
| City & Stat | T CITA CI | City & State | r.l | 7. Is this nonprofit corporation a homeow | |
| Zip | Country | Zip . | Country | 8. This corporation owes or has paid the | |
| 24 3386 | 6. 25 USA. | 29 33566. | 30 US A. | Personal Property Tax due June 30. | Mo Yes □ No |
| | 9. Name and Address of Current | Registered Agent | | 10. Name and Address of New Register | ed Agent |
| PRAIGUM METTER | | | | | |
| 82 Street Address | | | | Iress (P.O. Box Number is Not Acceptable) |) |
| 802 W SAUNDERS ST PLANT CITY FL 33566 B3 | | | | Thomasuspiss R.D. | |
| PLANIC | UIT FL 33500 | | | | |
| | | | 84 City | C. è | 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, Spotten 617,0503, Florida Statutes. | | | | | |
| | DOUR 12 P. Moursome | | Worlsome | | he las |
| | Signature, typed or printed name of registered agent | and the if applicable. (NOTE: | Registe/ed Agent/signature requ | led when reinstaling) DAT | E 178 |
| 12. | OFFICERS AND | | 13. | ADDITIONS/CHANGES TO OFFICERS A | |
| TITLE | PD WADD WAVNE D | Ĺ ⊒ DE LETE | 1.1 TITLE | | Change Addition |
| NAME STREET ADDRESS | WARD, WAYNE B 9475 GALLAGHER ROAD | | 1.2 NAME 1.3 STREET ADDRESS | | |
| CITY-ST-ZIP | DOVER FL 33527 | | 1.4 CITY-ST-ZIP | | |
| TITLE | PED | DELETE | 2.1 TITLE | | Change Addition |
| NAME | THOMAS, BILL | | 2.2 NAME | | _ • - |
| STREET ADDRESS | 5602 JOE KING ROAD | | 2.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY FL 33567 | | 2. 4 CITY-ST-ZIP | | |
| TITLE | STD | DELETE | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | MONTGOMERY, DON | | 3.2 NAME | | |
| STREET ADDRESS | 2214 THONOTOSASSA ROAD | | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP TITLE | PLANT CITY FL 33566 | DELETE | 3.4. CITY-ST-ZIP 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | DRAUGHON, NETTIE M | L Dittie | 4.1 TITLE 4. 2 NAME | | |
| STREET ADDRESS | 602 W SAUNDERS ST | | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY FL 33566 | | 4.4 CITY-ST-ZIP | | |
| TITLE | D | DELETE | 5.1 TITLE | | Change Addition |
| NAME | HINSON, RICK | | 5.2 NAME | | |
| STREET ADORESS | 2508 E SAM ALLEN ROAD | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | PLANT CITY FL 33565 | | 5.4 CITY-ST-ZIP | | |
| TITLE | D DEVISOR BY | ☐ DELETE | 6.1 TITLE | | Change Addition |
| NAME | PENROSE, BILL | | 6.2 NAME | | |
| STREET ADDRESS | 1309 N FERRELL STREET PLANT CITY FL 33566 | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FLANI UII FL 33300 | | 6.4 DITY-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 coporation or the receiver of 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 addition.

CICMATI IDE.

molel f. Mortgomery

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FILED

Jun 01 1998 8:00am

Secretary of State

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