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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N36781

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KIWANIS CLUB OF WILLISTON, INC.

FILED

May 14 1997 8:00am

Secretary of State

Sulte, Apt. #, etc. Sulte, Apt. #, etc.						41 B) B(B((B)#1) B(#1) B(B)) B(B); B(B); BB)	
COUNTY ROAD 326. ROUTE 1. BOX 298-C24 MORRISTON FL 32688 3. Date incorporated or Qualified Obj21/1996 2. Principal Place of Business 2. A. Mailing Address 25. E. 15. A.V.C. 26. 23.5.7.5. E. 15. A.V.C. 26. 23.5.7.5. E. 15. A.V.C. 27. Suite, Apl. 4. etc. 28. Morris 50. Suite, Apl. 4. etc. 27.	Principal Place of Business Mailing Address				[40011104 050 14410 01111 10000 1010]	uida dabil danir mädie hanna dabil maar andr	
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. Principal Place of Business 2. Ave 26 235/5, E152 Ave 59-2708854 Sulfe, Apt. #, etc. Sulfe Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe, Apt. #, etc. Sulfe Apt. #, etc. Sulfe, Apt. #, etc. Sulfe Apt. #, et	COUNTY ROAD 326, ROUTE 1. BOX 298-C24 COUNTY ROAD 326, ROUTE 1. BOX 298-C24						
Sulte, Apt. #, etc. Sulte, Ap	monitorior va access					3a. Date of Last Report 06/21/1996	
Sulte, Apt. #, etc. Sulte, Apt. #, etc.			26. Mailing Address	152 AVE	4. FEt Number 59-2708854		
City & State 28			Suite, Apt. #, etc.		** 	\$8.75 Additional	
Street Address of Current Registered Agent Street Address of New Registere	City & State		City & State Morri Ston	,FI	1		
MIKELL, RUDOLPH GOUNTY ROAD, 326 RIGUTE 1, BOX 238-024 MORRISTON FL 32668 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and little if applicable. (NOTE Registered Agent Lignature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DT DELETE 1.1 TITLE DATE Change Addition Addition PRILES STREET ADDRESS 512 SE 5TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP WILLISTON FL DELETE 1.4 MAME 1.4 MAME 1.5 STREET ADDRESS CITY-ST-ZIP WILLISTON FL	24 32668 26 Levy 28 32668 30 Levy Florida Statutes Yes XNO						
MIKELL, RUDOLPH GOUNTY ROAD, 328 ROUTE 1, BOX 298-024 MORRISTON FL 32688 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 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, and familiar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and life Yappicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DT DELETE 1.1 TITLE GATCHELL, PHILLES STREET ADDRESS 512 SE 5TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP MILLISTON FL DELETE 1.4 CITY-ST-ZIP Addition Addition	9. Name and Address of Current Registered Agent / 10. Name and Address of New Registered Agent						
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 little # applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS IN 12 TITLE	MIKELL, RUDOLPH OOUNTY ROAD, 326 ROUTE 1, BOX 298-024 MADDRISTON FL 32888					FL 85 Zip Code	
Signature, typed or printed name of registered agent and like if applicable. (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DT Change Addition NAME GATCHELL, PHILLES 1.2 NAME STREET ADDRESS 512 SE 5TH STREET 1.3 STREET ADDRESS CITY-ST-ZIP WILLISTON FL DELETE 1.4 CITY-ST-ZIP Addition	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.						
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CITY-ST-ZIP WILLISTON FL 1.4 CITY-ST-ZIP	STREET ADDRESS			1.3 STREET ADDRESS		13	
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THE DELETE ZITTLE 20 1 2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1	TITLE	D	DELETE		P	Change Addition	

Greene Ben 160th Ave GREENE, BEN NAME ? RT 1 BOX 632 NA STREET ADDRESS 2.3 STREET ADDRESS MORRISTON FL CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE TITLE 3 1 TITLE MIKELL, RUDOLPH NAME 3.2 NAME RT 2 BOX 298-C-24 STREET ADDRESS 3.3 STREET ADDRESS MORRISTON FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE 41 TITLE TITLE Reba Greene Keba 4750 SE 160 Ave Morriston, Fl 30 GREENE, REBA NAME 4.2 NAME RT 1 BOX 632 NA STREET ADDRESS 4.3 STREET ADDRESS **MORRISTON FL** CITY-ST-ZIP 4.4 CiTY - ST - ZIP DELETE TITLE 5.1 TITLE GLASS, TED 5.2 NAME NAME **RTE 3 BOX 1100** 5.3 STREET ADDRESS STREET ADDRESS Ston, FI **WILLISTON FL** 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE Elect NAME CRABTREE, LAMAR 6.2 NAME RT 4 BOX 310 STREET ADDRESS 6.3 STREET ADDRESS WILLISTON FL 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), Figrida 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 12 or Block 12 or on an attachment with an adgress.

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