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Secretary of State

03-04-1999 90009 012 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N37491					
1. Corporation Name KIWANIS CLUB FOUNDATION OF THE UNIVERSITY CITY, INC.					
Principal Place of Business 2731 NW 41 ST B-2 GAINESVILLE FL 32605-3722			Mailing Address 2731 NW 41 ST B-2 GAINESVILLE FL 32605-3722		



2. Principal Place of Business 21 10425 SW 48 PL 22 Suite, Apt. #, etc. 23 GAINESVILLE FL 24 32608-7173 25 Country		2a. Mailing Address 26 10425 SW 48 PL 27 Suite, Apt. #, etc. 28 GAINESVILLE FL 29 32608-7173 30 Country		3. Date Incorporated or Qualified 04/06/1990 4. FEI Number 59-3016459 Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		7. Trust Fund Contribution	

9. Name and Address of Current Registered Agent ARVIN, JOHN P. 2731 NW 41 ST B-2 GAINESVILLE FL 32606				10. Name and Address of New Registered Agent 81 Name JOHN F. WARD 82 Street Address (P.O. Box Number is Not Acceptable) 10425 SW 48 PL 83 84 City GAINESVILLE FL 85 Zip Code 32608			
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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 *John F. Ward* **JOHN F. WARD TREASURER** 2/3/99
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	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	T	JOHN F. WARD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ARVIN, JOHN P		1.2 NAME	10425 SW 48 PL			
STREET ADDRESS	2731 NW 41 ST B-2		1.3 STREET ADDRESS	GAINESVILLE FL 32608-7173			
CITY-ST-ZIP	GAINESVILLE FL		1.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	B	BILL PEPPER	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CLEMONS, CHUCK		2.2 NAME	1629 NW 19 CIRCLE			
STREET ADDRESS	7604 S.E. 33 PLACE		2.3 STREET ADDRESS	GAINESVILLE FL 32605			
CITY-ST-ZIP	ALACHUA FL 32615		2.4 CITY-ST-ZIP				
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANNON, JAMES		3.2 NAME				
STREET ADDRESS	3919 SW 4TH PLACE		3.3 STREET ADDRESS				
CITY-ST-ZIP	GAINESVILLE FL 32607		3.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	V	DAVID JONES	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHIDDON, DANIEL JR		4.2 NAME	1601 NW 19 CIRCLE			
STREET ADDRESS	5356 NW 9 LN		4.3 STREET ADDRESS	GAINESVILLE FL 32605			
CITY-ST-ZIP	GAINESVILLE FL 32605		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	V	BILLY BELTZ	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HOLDER, VANCE		5.2 NAME	4133 SW 34 ST			
STREET ADDRESS	5420 NW 9 LN		5.3 STREET ADDRESS	GAINESVILLE FL 32608			
CITY-ST-ZIP	GAINESVILLE FL 32605		5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE			<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			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, with all other like empowered.

SIGNATURE: *John F. Ward* **JOHN F. WARD TREASURER** 2/3/99 352 371 6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)