

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38401 (8)

1. Corporation Name

**KIWANIS CLUB OF CENTRAL FLORIDA (SEMINOLE COUNTY)
) CHARITIES, INC.**



Principal Place of Business

P.O. BOX 1081
MAITLAND FL 32750
US

Mailing Address

P.O. BOX 1081
MAITLAND FL 32751
US

3. Date Incorporated or Qualified
05/29/1990

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number
59-3075649

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. 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

**SCHNELL, JAMES
645 SWEET BRIAR BRANCH
LONGWOOD FL 32750**

81 Name
H. W. "Bill" Hewson, Sec.

82 Street Address (P.O. Box Number is Not Acceptable)
584 Whisper Wood Drive

83 **Longwood, Florida**

84 City

FL 85 Zip Code

32779

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 **H. W. "Bill" Hewson, Sec. of The Kiwanis Club of Central Florida, Seminole**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/29/96

12. OFFICERS AND DIRECTORS

TITLE **TS** ☐ DELETE
NAME **SCHNELL, JAMES**
STREET ADDRESS **645 SWEET BRIAR BRANCH**
CITY-ST-ZIP **LONGWOOD FL**

TITLE **DP** ☐ DELETE
NAME **FINCH, WILLIAM**
STREET ADDRESS **1520 SUGARWOOD CIR.**
CITY-ST-ZIP **WINTER PARK FL**

TITLE **D** ☐ DELETE
NAME **BASS, JOHN**
STREET ADDRESS **1947 WATER LANE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE
NAME **WHIPPLE, GEORGE**
STREET ADDRESS **231 SHELL POINT E.**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☐ DELETE
NAME **EVERATT, JOHN**
STREET ADDRESS **1725 E ADAMS DRIVE**
CITY-ST-ZIP **MAITLAND FL**

TITLE **D** ☒ DELETE
NAME **STYRON, VERNON**
STREET ADDRESS **130 ROLLINGWOOD TRAIL**
CITY-ST-ZIP **ALTAMONTE SPGS. FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **H. W. "Bill" Hewson, Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 29, 1996 407-865-9767

Date

Daytime Phone #

CR2E037 (12/95)