

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

Mailing Address

P.O. BOX 1081
MAITLAND FL 32750
US

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
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country

4. FEI Number: 59-3075649
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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: 584 Whisper Wood Drive
83. City: Longwood, Florida
84. State: FL, 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 officer 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHNELL, JAMES	1.2 NAME	
STREET ADDRESS	645 SWEET BRIAR BRANCH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	1.4 CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FINCH, WILLIAM	2.2 NAME	
STREET ADDRESS	1520 SUGARWOOD CIR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER PARK FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BASS, JOHN	3.2 NAME	
STREET ADDRESS	1947 WATER LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHIPPLE, GEORGE	4.2 NAME	
STREET ADDRESS	231 SHELL POINT E.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERATT, JOHN	5.2 NAME	
STREET ADDRESS	1725 E ADAMS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STYRON, VERNON	6.2 NAME	
STREET ADDRESS	130 ROLLINGWOOD TRAIL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPGS. FL	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. Date: March 29, 1996 407-865-9767

CR2E037 (12/95)