## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N38401**

1. Corporation Name

2. Principal Place of Business

US

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

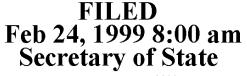
Principal Place of Business	
P.O. BOX 1081	
MAITLAND FL 32750	

Mailing Address

P.O. BOX 1081 MAITLAND FL 32751

2a. Mailing Address

26



02-24-1999 90162 003 \*\*\*\*61.25



3. Date incorporated or Qualifed 05/29/1990

Suite, Apt.	#, 9IC.	Suite, Apr. #, ett	b.		-	ED-207EGAD				ibiled FOI	
22		27				59-3075649			No.	t Applicable	
City & Stat	e	City & State				5. Certifcate of Sta	tus Desired		\$8.75		
23		28				VI 0011110010 01 010			Fee Re	quired	
Zip	Country	Zip	Coun	itry		6. Election Campa	gn Financing		\$5.00	May Be	
24	25	29	30			Trust Fund Contribution			Added to Fees		
200	9. Name and Address of Current F	Registered Agent				10. Name and Add	ress of New R	egistered /	Agent		
:			[1	81	Name						
HYW. BILL HEWSON, SEC. 584 WHISPER WOOD DR LONGWOOD FL 32779			ļ.		Charact Addres	/D O. Boy Number	is Not Assents	hio)			
			1	82	Street Addres	ss (P.O. Box Number	is NOLACCOPIA	Di <del>o</del> )			
			ħ	83							
			ļ:	84	City			FL	85 Zip	Code	
		1047.4500 Florida	O-4-4			estion autorite thin sta	amont for the		changing its	registered	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE											
12.	OFFICERS AND		13.	·yc	Signature ( odds and )	ADDITIONS/CHA	NGES TO OFF	ICERS AN	DIRECTO	RS IN 12	
TITLE	TS	DELE:		E					Change	☐ Addition	
	• =		1,2 NAM							_	
NAME	SCHNELL, JAMES		1		4000000					i	
STREET ADDRESS	645 SWEET BRIAR BRANCH				ADDRESS					Ī	
CITY-ST-ZIP	LONGWOOD FL		1.4 CIT)			<del></del>		·	☐ Change	Addition	
™LE	DP	☐ DELE		_	1				Change	Add/doin	
NAME	FINCH, WILLIAM		2.2 NAV	Æ							
STREET ADDRESS	1520 SUGARWOOD CIR.		2.3 STR	EET /	ADDRESS	*	-		•	-	
CITY-ST-ZIP	WINTER PARK FL		2. 4 CIT	Y-ST	-ZIP						
TITLE	D	☐ DELE	TE 3.1 TITL	E					☐ Change	☐ Addition i	
NAME	BASS, JOHN		3.2 NAW	Æ	-						
STREET ADDRESS	1947 WATER LANE		3.3 STR	EET/	ADDRESS						
CITY-ST-ZIP	MAITLAND FL		3,4, CIT	Y-ST	-ZIP						
TITLE	D	☐ DELE	TE 4.1 TITL	E					Change	Addition	
NAME	WHIPPLE, GEORGE		4. 2 NAM	ΜE							
STREET ADDRESS	231 SHELL POINT E.		4.3 STR	EET/	ADDRESS					· [	
CITY-ST-ZIP	MAITLAND FL		4.4 CITY	/-ST-	-ZIP					ì	
TITLE	D	☐ DELE	TE 5.1 TITL	E					☐ Change	Addition	
NAME	EVERATT, JOHN		5.2 NAM	Æ						ĺ	
STREET ADDRESS	1725 E ADAMS DRIVE		5.3 STR	EET /	AODRESS					ł	
}	MAITLAND FL		5.4 CITY	(-ST-	. ZIP						
CITY-ST-ZIP TITLE	D D	☐ DELE							Change	Addition	
	-		6.2 NAW								
NAME	CROWDER, DAVID C				ADORESS					İ	
STREET ADDRESS	1712 CINNAMON CIR				1						
CITY-ST-ZIP	CASSELBERRY FL		6.4 CITY	-51-	412						

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 of 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, oppn an attachment with an address, with all other like empowered.

SIGNATURE:

467-831-1407