

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N38793** (8)

1. Corporation Name

KIWANIS CLUB OF SEVEN HILLS, INC.

Principal Place of Business

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

Mailing Address

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

3. Date Incorporated or Qualified

06/22/1990

4. FEI Number

59-2982323

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

PAUL, NESSLER J
4040 COMMERCIAL WAY
SUITE 4
SPRING HILL FL 34608

10. Name and Address of New Registered Agent

81 Name **Paul A. Nessler, Jr.**
82 Street Address (P.O. Box Number is Not Acceptable)
4040 Commercial Way
83
84 City **Spring Hill** FL 85 Zip Code **34606**

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

Paul A. Nessler, Jr.
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/14/98
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CZUKA, MIKE	
STREET ADDRESS	13346 LACASITA AVE	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, CHARLIE	
STREET ADDRESS	430 FLORIAN WAY	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOWNEY, ED	
STREET ADDRESS	12810 BOX DRIVE	
CITY-ST-ZIP	HUDSON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	BATES, KRIS	
STREET ADDRESS	4090 COMMERCIAL WAY #8	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, SCOTT T	
STREET ADDRESS	178 MARINER BLVD.	
CITY-ST-ZIP	SPRING HILL FL	
TITLE	IMM. POST PRES	<input checked="" type="checkbox"/> CHANGE OR DELETE
NAME	ATEN, JIM	
STREET ADDRESS	1195 BATTER SEA AVENUE	
CITY-ST-ZIP	SPRING HILL FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRES - ELECT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOT DODGE	
1.3 STREET ADDRESS	3351 MANORUE DR.	
1.4 CITY-ST-ZIP	HERNANDO BEACH, FL. 34607	
2.1 TITLE	PRES	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	CHARLIE FERNANDEZ	
2.3 STREET ADDRESS	430 FLORIAN WAY	
2.4 CITY-ST-ZIP	SPRING HILL, FL. 34609	
3.1 TITLE	CLERK GATES - TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	12239 GLEN HAVEN ST	
3.3 STREET ADDRESS	SPRING HILL, FL. 34609	
3.4 CITY-ST-ZIP		
4.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JIM JONES	
4.3 STREET ADDRESS	10147 CARA ST	
4.4 CITY-ST-ZIP	SPRING HILL, FL. 34608	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GAILAND MOORE	
5.3 STREET ADDRESS	6039 NEWMARK ST	
5.4 CITY-ST-ZIP	SPRING HILL, FL. 34606	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MARVIN WASHINGTON	
6.3 STREET ADDRESS	164 OAK LAKE DR.	
6.4 CITY-ST-ZIP	SPRING HILL, FL. 34608	

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.

SIGNATURE: *Charles M. Fernandez* **Charles Fernandez** 3-26-98 852-686-6204

CR2E037 (10/97)