

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Montalvo
Secretary of State
Office of the Secretary of State

FILED
SECRETARY OF STATE
OF CORPORATIONS

95 MAY -1 PM 1:06

DOCUMENT # **N39666** (5)

**KWANIS CLUB OF THE LAKE REGION-KEYSTONE HEIGHTS
MELROSE, INC.**

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
**201 LAWRENCE BLVD.
P.O. BOX 715
KEYSTONE HEIGHTS FL 32656**

3. Date incorporated or Qualified **08/09/1990** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3029294** 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 **28** Zip
24 Country **29** Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under § 199.037, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**NEWELL, PAUL D.
201 LAWRENCE BLVD.
KEYSTONE HEIGHTS FL 32656**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY ST ZIP
PD SHAW, LAWSON 6630 VIRGINIA BEACH LN MELROSE FL 32666 D
TD HODGES, BETTY, K RT 3 BOX 1078 STARKE FL 32091 D
VPD LENDZION, DENNIS 106 GROVE KEYSTONE HEIGHTS FL 32656 D
SD GARNER, VIRGINIA N. 107 TRUMPTER CT. MELROSE FL 32666 D

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME **Dennis Lenzion**
1.3 STREET ADDRESS **106 GROVE**
1.4 CITY ST ZIP **KEYSTONE HEIGHTS, FL 32656 D**
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP
3.1 TITLE **Vice President** ☒ Change ☐ Addition
3.2 NAME **Badger Moring**
3.3 STREET ADDRESS **2208 NE 17th Terr**
3.4 CITY ST ZIP **Gainesville, FL 32609 D**
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

REMITTED BY MAY 1

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)(b), 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 addition.

SIGNATURE: *Betty K. Hodges*
SIGNATURE AND OFFICE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Betty K. Hodges

4/26/95 904-473-7275
Date File Number