FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

(5)

DOCUMENT #

1. Corporation Name KIWANIS CLUB OF THE LAKE REGION-KEYSTONE HEIGHTS

N39666

MELROSE, INC.							
Principal Place of	f Business	Mailing Address			t länitint nät triin inten niten areid i		
201 LAWRENCE P.O. BOX 715		201 LAWRENCE BLVD. P.O. BOX 715	2000				
KEYSTONE HEIGHTS FL 32656		KEYSTONE HEIGHTS FL 32656		3. Date Incorporated or Qualified 08/09/1990	3a. Date of Last Report 05/01/1995		
2. Principal Plac	e of Business	2a. Mailing Address			4. FEI Number 59-3029294	Applied For Not Applicate	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be	
23	Country	28 Zip	Country	<u></u>	Trust Fund Contribution 8. This corporation has liability for in	Added to rees	
Zip 24	25	29	30		Florida Statutes]Yes □ No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Ro	egistered Agent	
			81				
NEWELL,			82	Street A	ddress (P.O. Box Number is Not Acceptable	e)	
	RENCE BLVD.		83	1			
KEYSTON	E HEIGHTS FL 32656		0.	ʻl			
			84	City		FL 85 Zip Gode	
44 Changanaka	the provisions of Sections 617 050	2 and 617,1508. Florida Statutes.	the above	named co	rporation submits this statement for the purpoper of directors. I hereby accept the appo	nose of changing its registered of	
	od agent, or both, in the State of Flo n, and accept the obligations of, Sec		by the cor	poration's t	poration submits this statement for the por- poard of directors. Thereby accept the appo	5/15/96	
SIGNATURE _	Signature, typed or printed name of registered again	est and title if applicative (NOTE	Registered Ag	enit signiature re	quired when reinstating)	DATE OF GEORGE IN 16	
12.		ND DIRECTORS	13.		ADDITIONS CHANGES TO OFF	ICERS AND DIRECTORS IN 12 Change Addition Additi	
TITLE	PD	DELETE	1.1 TITLE	1	President	(V) cuands	
NAME	LENDZION, DENNIS		12 NAM		Moring, Badger 2208 NE 17th Terr		
STREET ADDRESS	106 GROVE			ET ADDRESS	Gainesville, FL		
CITY-ST-ZIP	KEYSTONE HEIGHTS FL	DELETE	1 4 CITY 2 1 TITLE		Gathes Attite! 12	☐ Change ☐ Additi	
TITLE	td Hodges, Betty, K	Преселе	2 2 NAM	1			
NAME otorez addocec	RT 3 BOX 1078		2 3 STRE	et address			
STREET ADDRESS CITY-ST-ZIP	STARKE FL 32091		2 4 CITY	- ST - 21P			
TITLE	VPD	DELETE	3.1 TITL		Vice President	Change Additi	
NAME	MORING, BADGER		3.2 NAM	E	Brenda Currey		
STREET ADDRESS	2208 NE 17TH TERR			ET ADDRESS	8168 Alderman Rd.		
CITY-ST-ZIP	GAINESVILLE FL			/-ST-ZIP	Melrose, FL 32666	Change Addit	
TITLE	SO MONTO MONTO N	DELETE	4.1 TiTL 4.2 NA		}	<u>_</u>	
NAME	GARNER, VIRGINIA N. 107 TRUMPTER CT.			AL Eet address			
STREET ADDRESS	MELROSE FL 32666			-ST-21P			
CITY-ST-ZIP TITLE	MEDIOOF I F 05000	DELETE	5.1 TITL			Change Addit	
NAME		_	5.2 NAM	1 E			
STREET ADDRESS			5.3 STR	EET ADORESS			
CITY-ST-ZIP		<u></u>		r-St-ZIP		Change Addi	
TITLE		DELETE	61 1111		1	□1 otkeride □1 voor	
NAME			6.2 NAM				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP	and it, that the information or mali-	ed with this filing is voluntarily furni	h hand	y-ST-ZIP loes not qu	 alify for the exemption stated in Section 119 courate and that my signature shall have th	9.07(3)(k), Florida Statutes. I furth	
certify that	by certify that the information supplied at the information indicated on this a bit I am an officer or director of the co in Block 12 or Block 13 if changed.	progration or the receiver or trustee	empower	true and a ed to execu	courate and that my signature shall have the te this report as required by Chapter 617, I	e same legal effect as if made un Florida Statutes; and that my nam	
Spp.co.ru ,	Q 11.	4 11.0			E 43 E 40 6	352-473-7275	
SIGNAT		, 7) ////////	101.		5/15/96	222-412 12.4	