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FILED  
Jun 03 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N39666 (5)

1. Corporation Name

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

Principal Place of Business

Mailing Address

201 LAWRENCE BLVD.  
P.O. BOX 715  
KEYSTONE HEIGHTS FL 32656

201 LAWRENCE BLVD.  
P.O. BOX 715  
KEYSTONE HEIGHTS FL 32656-0715

3. Date Incorporated or Qualified  
08/09/1990

3a. Date of Last Report  
05/20/1996

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

4. FEI Number

59-3029294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

NEWELL, PAUL D.  
201 LAWRENCE BLVD.  
KEYSTONE HEIGHTS FL 32656

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 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

4/25/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P ☒ DELETE

NAME BADGER, MORING  
STREET ADDRESS 2208 NE 17TH TERR  
CITY-ST-ZIP GAINSEVILLE FL

1.1 TITLE P ☒ Change ☐ Addition

1.2 NAME Currey, Brenda  
1.3 STREET ADDRESS 8168 Alderman Rd.  
1.4 CITY-ST-ZIP Melrose, FL 32666

TITLE TD ☐ DELETE

NAME HODGES, BETTY, K  
STREET ADDRESS RT 3 BOX 1078  
CITY-ST-ZIP STARKE FL 32091

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE VPD ☐ DELETE

NAME CURREY, BRENDA  
STREET ADDRESS 8168 ALDERMAN RD.  
CITY-ST-ZIP MELROSE FL

3.1 TITLE VPD ☐ Change ☒ Addition

3.2 NAME Dean, Laura, G.  
3.3 STREET ADDRESS P.O. Box 338 (.6461 Baker Rd)  
3.4 CITY-ST-ZIP Keystone Heights, FL 32656

TITLE SD ☐ DELETE

NAME GARNER, VIRGINIA N.  
STREET ADDRESS 107 TRUMPTER CT.  
CITY-ST-ZIP MELROSE FL 32666

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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.

CR2E037 (9/96)