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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 25, 1999 8:00 am  
Secretary of State

04-25-1999 90034 038 \*\*\*\*61.25

DOCUMENT # N39666

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

08/09/1990

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

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 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 DIRECTORS

TITLE ☒ DELETE

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

TITLE ☐ DELETE

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

TITLE ☐ DELETE

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

TITLE ☒ DELETE

NAME  
DEAN, LAURA G  
STREET ADDRESS  
6461 BAKER ROAD  
CITY-ST-ZIP  
KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE

NAME  
CAROSN, CRIS  
STREET ADDRESS  
6470 BROOKLYN BAY RD  
CITY-ST-ZIP  
KEYSTONE HEIGHTS FL 32656

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Pd

Carson, Cris

6470 Brooklyn Bay Rd.

Keystone Heights, FL 32656

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, with all other like empowered.

SIGNATURE: *Betty Hodges* **DUPLICATE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/99

Date

352-473-7275

Daytime Phone #

CR2E037 (11/98)