FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY -1 AM 10:05

DOCUMENT # N40438 (6)

1. Corporation Name
KIWANIS CLUB OF SOUTH PUTNAM COUNTY, INC.

Principal Place of Business	Mailing Address
PO BOX 1139 WELAKA FL 32193	PO BOX 1139 WELAKA FL 32193

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1990
3a. Date of Last Report: 06/14/1994
4. FEI Number: 59-2868408 ☐ 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
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 S. 199.032,* Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SZATKOWSKI, JUDY K.
RT. I BOX 703
POMONA PARK FL 32181

10. Name and Address of New Registered Agent

81 Name: Sandra Fellinger
82 Street Address (P.O. Box Number is Not Acceptable): 415 S Prospect St.
83
84 City: Crescent City **FL** 85 Zip Code: 32112

11. Pursuant to the provisions of Sections 607.0502 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 Sandra Fellinger
Signature, type 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	PD	11 TITLE	☒ Change ☐ Addition
NAME	PATTON, DALE E.	12 NAME	Margaret Scott P/D
STREET ADDRESS	STAR ROUTE 2, BOX 473	13 STREET ADDRESS	Star Rt 2 Box 409 NA
CITY-ST-ZIP	CRESCENT CITY FL	14 CITY-ST-ZIP	Satsuma, Fl 32189
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	WILDER, HENRY N.	22 NAME	Dan McLean VP/D
STREET ADDRESS	POST OFFICE BOX 1168 N/A	23 STREET ADDRESS	P.O. Box 551 NA
CITY-ST-ZIP	WELAKA FL	24 CITY-ST-ZIP	Welaka, FL 32193
TITLE	D	31 TITLE	☒ Change ☐ Addition
NAME	COSNER, JOHN J.	32 NAME	Sharon Rice VD
STREET ADDRESS	STAR ROUTE 1, BOX 161	33 STREET ADDRESS	RR1 Box 706 NA
CITY-ST-ZIP	SATSUMA, FLTY, FL	34 CITY-ST-ZIP	Pomona Park, FL 32112
TITLE	SD	41 TITLE	☒ Change ☐ Addition
NAME	SZATKOWSKI, JUDY K	42 NAME	Sandra Fellinger S/T/D
STREET ADDRESS	RT 1 BOX 703	43 STREET ADDRESS	415 S Prospect St.
CITY-ST-ZIP	POMONA FL 32181	44 CITY-ST-ZIP	Crescent City, Fl 32112
TITLE	VD	51 TITLE	☒ Change ☐ Addition
NAME	EBERT, ROBERT H	52 NAME	Frank Jarrell D
STREET ADDRESS	STAR RT. 2 BOX 318	53 STREET ADDRESS	P.O. Box 847 NA
CITY-ST-ZIP	CRESCENT CITY FL	54 CITY-ST-ZIP	Welaka, Fl 32193
TITLE	TD	61 TITLE	☒ Change ☐ Addition
NAME	FELLINGER, SANDRA	62 NAME	Jack Cosner D
STREET ADDRESS	415 S. PROSPECT STREET	63 STREET ADDRESS	Star Rt 1 Box 161 NA
CITY-ST-ZIP	CRESCENT CITY FL	64 CITY-ST-ZIP	Satsuma, FL 32189

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)(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: Judy K. Szatkowski Judy K. Szatkowski 4-22-95 904 467-2629
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0024504