# 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

APPROVED AND FILED
95 MAY -1 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N41334** **(6)**

1. Corporation Name
**KIWANIS CLUB OF EAST ORANGE COUNTY FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 12003 BULLFROG CT<br>ORLANDO FL 32828-8975 | 12003 BULLFROG CT<br>ORLANDO FL 32828-8975 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/18/1990**
3a. Date of Last Report: **04/26/1994**
4. FEI Number: **59-2988832** ☐ 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 § 199.032, Florida Statutes ☐ Yes ☑ No

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

**9. Name and Address of Current Registered Agent**

FEITH, JOSEPH
12003 BULLFROG CT
ORLANDO FL 32828-8975

**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 607.0502 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 _____ (Signature, type or print 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 | DP | 11 TITLE | DT | ☐ Change ☑ Addition |
| NAME | DOUGHTY, WILLIAM F. | 12 NAME | WILLIAMSON, KYLE N. | |
| STREET ADDRESS | 617 LAUREL COVE COURT, #102 | 13 STREET ADDRESS | 1325 Lake Rogers Circle | |
| CITY ST ZIP | ORLANDO FL | 14 CITY ST ZIP | Oviedo, FL 32765 | |
| TITLE | DV | 21 TITLE | DP | ☑ Change ☐ Addition |
| NAME | SEARS, MELVIN F. | 22 NAME | | |
| STREET ADDRESS | 1215 LAKE DOWNEY DRIVE | 23 STREET ADDRESS | | |
| CITY ST ZIP | ORLANDO FL | 24 CITY ST ZIP | | |
| TITLE | DS | 31 TITLE | | ☐ Change ☐ Addition |
| NAME | BUCKLAND, JACKIE | 32 NAME | | |
| STREET ADDRESS | 854 MILLSHORE DRIVE | 33 STREET ADDRESS | | |
| CITY ST ZIP | CHULUOTA FL | 34 CITY ST ZIP | | |
| TITLE | D | 41 TITLE | D | ☐ Change ☑ Addition |
| NAME | FLOYD, MITCHEL | 42 NAME | MURRAY, MIKAEL | |
| STREET ADDRESS | 10141 CHESHUNT DRIVE | 43 STREET ADDRESS | 4019 Conway Place Circle | |
| CITY ST ZIP | ORLANDO FL | 44 CITY ST ZIP | Orlando, FL 32812 | |
| TITLE | DT | 51 TITLE | DV | ☑ Change ☐ Addition |
| NAME | LOUNSBERRY, KIMBERLY | 52 NAME | | |
| STREET ADDRESS | 10537 SATINWOOD CIRCLE | 53 STREET ADDRESS | | |
| CITY ST ZIP | ORLANDO FL | 54 CITY ST ZIP | | |
| TITLE | D | 61 TITLE | D | ☐ Change ☑ Addition |
| NAME | DESANTO, MICHAEL C. | 62 NAME | Feith, Beverly | |
| STREET ADDRESS | 4349 WYNDCLIFF CIRCLE | 63 STREET ADDRESS | 12003 Bullfrog Ct. | |
| CITY ST ZIP | ORLANDO FL | 64 CITY ST ZIP | Orlando, FL 32828 | |

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 the 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:** K. W. Williamson 4/27/95 407-629-1944
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0034411