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FILED
May 14 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 # N41334 (6)

1. Corporation Name

KIWANIS CLUB OF EAST ORANGE COUNTY FLORIDA, INC.

Principal Place of Business

Mailing Address

P.O. BOX 677536
ORLANDO FL 32867
US

P.O. BOX 677536
ORLANDO FL 32867-7536
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

3. Date Incorporated or Qualified
12/18/1990

3a. Date of Last Report
04/19/1996

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

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

KYLE N. WILLIAMSON
1325 LAKE ROGERS CIRCLE
OVIEDO FL 32765

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME WILLIAMSON, KYLE N.
STREET ADDRESS 1325 LAKE ROGERS CIRCLE
CITY-ST-ZIP OVIEDO FL ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE P
NAME MURRAY, MICHAEL
STREET ADDRESS 4019 CONWAY PLACE CIRCLE
CITY-ST-ZIP ORLANDO FL ☒ DELETE

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DS
NAME BUCKLAND, JACKIE
STREET ADDRESS 854 MILLSHORE DRIVE
CITY-ST-ZIP CHULUOTA FL ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME LOUNSBERRY, KIMBERLY
STREET ADDRESS 10537 SATINWOOD CIRCLE
CITY-ST-ZIP ORLANDO FL ☐ DELETE

4.1 TITLE DP ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME GOFF, LEO
STREET ADDRESS 21331 REINDEER RD.
CITY-ST-ZIP CHRISTMAS FL ☐ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME FEITH, BEVERLY
STREET ADDRESS 12003 BULLFROG CT
CITY-ST-ZIP ORLANDO FL ☐ DELETE

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.

SIGNATURE

[Handwritten Signature]

[Handwritten Signature]

CR2E037 (9/96)