CORPORATION
ANNUAL REPORT
1995

DIVISION OF CORPORATIONS

FILED
1995 APR -7 PM 4:17
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N42554 (8)

1. Corporation Name

LAKE JACKSON KIWANIS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
5500 N. MONROE STREET TALLAHASSEE FL 32303	P.O. BOX 3442 TALLAHASSEE FL 32303

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/19/1991
3a. Date of Last Report: 09/06/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBERTS, KEITH 4217 BEN BLVD TALLAHSASSEE FL 32303	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, HARBERT	1.2 NAME		
STREET ADDRESS	2048 CYNTHIA DRIVE	1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	ROBERTS, KEITH	2.2 NAME		
STREET ADDRESS	4217 BEN BLVD	2.3 STREET ADDRESS	100001491491	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	-05/17/95--01113--018 *****61.75	*****61.75
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, ANGELA	3.2 NAME		
STREET ADDRESS	3112 S. FULMER CIRCLE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP		
TITLE	DT	4.1 TITLE	D/P	☒ Change ☐ Addition
NAME	CUSHING, EARL	4.2 NAME		
STREET ADDRESS	RT 9 BOX 188	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	HATIM, ABDUL	5.2 NAME		
STREET ADDRESS	2097 CRESTDALE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	DD	☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP	5-1-95	

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: Keith M. Roberts 4-14-95 904/488-6949
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097789