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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N47845

1. Corporation Name

KIWANIS CLUB OF INDIAN RIVER, MELBOURNE, INC.

Principal Place of Business

1853 THESY DR
MELBOURNE FL 32940
US

Mailing Address

1853 THESY DR
MELBOURNE FL 32940
US

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

03/12/1992

4. FEI Number

65-0196261

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

LANGGUTH, GEORGE S.
THE FLORIDA DISTRICT OF KIWANIS INTL
5545 BENCHMARK LANE
SANFORD FL 32773

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	P	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, WILLIAMS	
STREET ADDRESS	1653 FREEDOM DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BARNHILL, LES	
STREET ADDRESS	345 CYPRESS POINT DRIVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MATHEWS, DOROTHY	
STREET ADDRESS	1488 GOLDRUSH AVE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	TOWNSEND, JAMES M.	
STREET ADDRESS	1853 THESY DR	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	ROOS, DICK	
STREET ADDRESS	1072 IRONSIDES AVENUE	
CITY-ST-ZIP	MELBOURNE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, CATHIE	
STREET ADDRESS	1653 FREEDOM DRIVE	
CITY-ST-ZIP	MELBOURNE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	James Coleman	
1.3 STREET ADDRESS	1443 Patriot Drive	
1.4 CITY-ST-ZIP	Melbourne, FL 32940	
2.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Don Cole	
2.3 STREET ADDRESS	1850 Independence Ave	
2.4 CITY-ST-ZIP	Melbourne, FL 32940	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	George Clyde	
3.3 STREET ADDRESS	1444 Patriot Drive	
3.4 CITY-ST-ZIP	Melbourne, FL 32940	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Karl Shettenhelm	
5.3 STREET ADDRESS	1544 Heritage Court	
5.4 CITY-ST-ZIP	Melbourne, FL 32940	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

James M. Townsend

16 January 1999 (407) 255-1006

CR2E037 (1/98)