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 APR -3 PM 1:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N48707 (6)

1. Corporation Name

KIWANIS CLUB OF NORTH ORLANDO, INC.

Principal Place of Business	Mailing Address
11 SOUTH BUMBY AVENUE ORLANDO FL 32803	11 SOUTH BUMBY AVENUE ORLANDO FL 32803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/01/1992
3a. Date of Last Report: 03/28/1994
4. FEI Number: 59-6158827 ☐ 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 pursuant to Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HATCHER, MARION F., III
11 SOUTH BUMBY AVENUE
ORLANDO FL 32803

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] TRUS. 3-12-95
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	PD	11 TITLE	☐ Change ☐ Addition
NAME	~~DEMRO, PHIL~~	12 NAME	PD
STREET ADDRESS	~~1404 E ROBINSON ST~~	13 STREET ADDRESS	SIMPSON, JOHN
CITY-ST-ZIP	~~ORLANDO FL 32801~~	14 CITY-ST-ZIP	PO BOX 3309, ORLANDO, FL 32802
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	~~COWLES, WILLIAM~~	22 NAME	VD
STREET ADDRESS	~~119 W KALEY ST~~	23 STREET ADDRESS	Holland, David S.
CITY-ST-ZIP	~~ORLANDO FL 32801~~	24 CITY-ST-ZIP	601 N. Ferncreek #200 Orlando, FL 32803
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	~~MANN, CLAUDE~~	32 NAME	SD
STREET ADDRESS	~~119 W KALEY ST~~	33 STREET ADDRESS	Cooper, Allan
CITY-ST-ZIP	~~ORLANDO FL 32801~~	34 CITY-ST-ZIP	15 S. Magnolia Ave. Orlando, FL 32801
TITLE	TD	41 TITLE	☐ Change ☐ Addition
NAME	~~SMITH, MICHAEL~~	42 NAME	TD
STREET ADDRESS	~~300 E. PRINCETON~~	43 STREET ADDRESS	Holland, David S.
CITY-ST-ZIP	~~ORLANDO FL 32804~~	44 CITY-ST-ZIP	601 Ferncreek #200 Orlando, FL 32803
TITLE	PED	51 TITLE	☐ Change ☐ Addition
NAME	~~SIMPSON, JOHN~~	52 NAME	PED
STREET ADDRESS	~~201 E PINE ST #500~~	53 STREET ADDRESS	Cowles, Bill
CITY-ST-ZIP	~~ORLANDO FL 32804~~	54 CITY-ST-ZIP	119 W. Kaley St., Orlando, FL 32806
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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: [signature] John Simpson, President 3/24/95
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

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