FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N48707

1. Corporation Name

KIWANIS CLUB OF NORTH ORLANDO, INC.

Principal Place of Busine
1200 EDGEWATER DRIVE ORLANDO FL 32804-314 US

Mailing Address

1200 EDGEWATER DRIVE ORLANDO FL 32804-314

FILED Apr 30, 1999 8:00 am Secretary of State

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						- 1				
2. Princ 21	Place of Business 2a. Mailing Address 26				3. Date Incorporated or Qualifed 05/01/1992					
	e. Apt. #, etc.					4. FEI Number			Applied For	
22		27				Į	59-6158827		Not Applicable	
City	& State		3. State		-		5 0 11 1 10 1 D 1 1 1 D 1 1 1	\$8.7	5 Additional	
23		28			ļ	5. Certificate of Status Desired	Fe	Required		
Zip	Country	Zip		Country			6. Election Campaign Financing	\$5.	00 May Be	
24	25	29	36	0			Trust Fund Contribution		led to Fees	
<u></u>	9. Name and Address of Current						10. Name and Address of New Registers	d Agent		
				81	Name		CANE			
DICE	V DADOV W			00	SAME					
RIGBY, BARRY W				82	82 Street Address (P.O. Box Number is Not Acceptable)					
	EDGEWATER DRIVE			83					·	
OKD	ANDO FL 32804									
				84	City		F	85	Zip Code	
44 5	suant to the provisions of Sections 617.0502		O Florido Ctatutas	the about	named o		•		ite registered	
offi	ce or registered agent, or both, in the State of	f Florida. Suc	ch change was auth	nonized by	the corpor	ation's	s board of directors. I hereby accept the app	ointment a	s registered	
age	ent. I am familiar with, and accept the obligation	ons of, Section	on 617.0503, Florida	a Statutes			ul 100	•		
SIGNAT	TURE	Ban		200			4127/99			
	Signature, typed or printed name of registered agent				t signature req	luired wh	nen rekristating) DATE ADDITIONS/CHANGES TO OFFICERS /	ND DIDE	CTORE IN 12	
12.	OFFICERS AND	DIRECTOR		13.	15	/D	ADDITIONS/CHANGES TO OFFICERS /	R Cha		
TITLE	SD.		☐ DELETE	1.1 TITLE	٩	PV		· FEY Cura	ige Di-admon	
NAME	RIGBY, BARRY W		7	1.2 NAME	ļ				•	
STREET AC	1200,000,000	saul		1.3 STREET	ADDRESS					
CITY-ST-Z	P ORLANDO FL 32804-6314 —			1.4 CITY-S	T-ZIP					
TITLE	0		DEFELE	2.1 TITL€	ĺ			Cha	nge	
NAME	MQLLAND, DAVID S			2.2 NAME					,	
STREET AC	DORESS 601 N-FERNCREEK #200			2.3 STREET	ADDRESS					
CITY-ST-Z	P ORLANDO FL-32803			2.4 CITY-S	T-ZIP		· · · · · · · · · · · · · · · · · · ·	, ·		
TITLE	RD ,		DELETE	3.1 TITLE			_	Cha	nge 🔲 Addition	
NAME	BAKER, ALBEN		` i	3.2 NAME						
STREET AL				3.3 STREET	ADDRESS					
CITY-ST-Z	ATI 1110 TI ATICL			3.4. CITY-S	T-21P		· _ <u> </u>		·	
TITLE	VD-		DELETE	4.1 TITLE		PD		⊠ Cha	nge	
NAME	RIGGS, KAY			4.2 NAME	}		· :			
STREET AL		ime -		4.3 STREET	ADDRESS			•		
CITY-ST-Z	COLO EDGETATION DIAGE		i	4.4 CITY-S				-		
TILE	F CHENIDO I L OZOUT		DELETE	5.1 TITLE		Mich	iael Kanady VD	☐ Cha	nge Addition	
NAME	, <u>.</u>		. _	52 NAME		444	6 Curry Ford Road		,	
	NOTES:			5.3 STREET			ando FL 32812			
STREET AL	1			5.4 CITY-S		011	12 /2012		• • • • •	
CITY-ST-Z	<u> </u>		DELETE	6.1 TITLE		50	· · · · · · · · · · · · · · · · · · ·	Cha	nge Addition	
TITLE	}		C VELEIE	6.2 NAME	:	ro t	e Phillips		المستقدريك	
NAME	· ·			6.3 STREET		~ ~ ~ ~ L ~ 1	f Phillips F Edgewater Drive		-	
STREET AE	DORESS								. !	
CITY-ST. 7	no I			6.4 CITY-5	T-ZIP (UNI	ando FL 32864			

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: