

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N93000000320 (2)**

1. Corporation Name

**KIWANIS CLUB OF OSCEOLA COUNTY, FLORIDA, INC.**



Principal Place of Business

Mailing Address

P. O. BOX 4045  
KISSIMMEE FL 34742-4045  
US

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KISSIMMEE FL 34742-4045  
US

3. Date Incorporated or Qualified  
**01/25/1993**

3a. Date of Last Report  
**03/22/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MULLINS, ERNEST J  
220 E. MONUMENT AVENUE  
SUITE D  
KISSIMMEE FL 34741**

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 then applicable)

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE  
NAME **PD DENIKE, FRANK**  
STREET ADDRESS **2210 EMPEROR DR**  
CITY- ST- ZIP **KISSIMMEE FL**

11 TITLE ☐ Change ☒ Addition  
12 NAME **P/D PENCE, BERTHA**  
13 STREET ADDRESS **1117 E. LEHIGH ST.**  
14 CITY- ST- ZIP **KISSIMMEE, FL. 34744**

TITLE ☒ DELETE  
NAME **VD WALDBIESER, JOAN**  
STREET ADDRESS **2537 OAKRUN BLVD**  
CITY- ST- ZIP **KISSIMMEE FL**

21 TITLE ☐ Change ☒ Addition  
22 NAME **S/D BIGLER, JIM**  
23 STREET ADDRESS **158 LAUREL WAY**  
24 CITY- ST- ZIP **KISSIMMEE, FL. 34743**

TITLE ☒ DELETE  
NAME **SD JACKSON, JOHN**  
STREET ADDRESS **106 LAKE VILLA WAY**  
CITY- ST- ZIP **KISSIMMEE FL**

31 TITLE ☐ Change ☒ Addition  
32 NAME **D KELLY, FLOYD**  
33 STREET ADDRESS **3770 CORD AVE.**  
34 CITY- ST- ZIP **ST. CLOUD, FL. 34772**

TITLE ☐ DELETE  
NAME **TD NEUHARD, HENRY H**  
STREET ADDRESS **2320 IRLO DR.**  
CITY- ST- ZIP **KISSIMMEE FL**

41 TITLE ☒ Change ☐ Addition  
42 NAME **V/D**  
43 STREET ADDRESS  
44 CITY- ST- ZIP **Kissimmee, FL 34741**

TITLE ☐ DELETE  
NAME **D LYLE, CHRIS**  
STREET ADDRESS **PO BOX 971**  
CITY- ST- ZIP **ST. CLOUD FL 34770**

51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP

TITLE ☐ DELETE  
NAME **D SCHUBERT, ZINA**  
STREET ADDRESS **2322 IRLO CT**  
CITY- ST- ZIP **KISSIMMEE FL**

61 TITLE ☒ Change ☐ Addition  
62 NAME **T/D**  
63 STREET ADDRESS  
64 CITY- ST- ZIP **KISSIMMEE, FL 34741**

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)(k), 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: *Bertha Pence* **Bertha Pence, President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/31/96 (407)847-2780

Date

Daytime Phone #

CR2E037 (12/95)