


FILE NOW: FILING FEE IS \$61.25

FILED
Aug 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 P. O. BOX 4045 KISSIMMEE FL 34742-4045 US	Mailing Address P. O. BOX 4045 KISSIMMEE FL 34742 US	3. Date Incorporated or Qualified 01/25/1993	3a. Date of Last Report 08/14/1996
---	--	--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-2845440	Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	------------------------------------	-------------------------------	---	---	--

9. Name and Address of Current Registered Agent MULLINS, ERNEST J 220 E. MONUMENT AVENUE SUITE D KISSIMMEE FL 34741	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PENCE, BERTHA		1.2 NAME ROEHRICK, TAMMY LYNN	
STREET ADDRESS 1117 E LEHIGH STREET		1.3 STREET ADDRESS 2776 WHISPER LAKES CLUB CIR.	
CITY-ST-ZIP KISSIMMEE FL 34744		1.4 CITY-ST-ZIP ORLANDO, FL 32837	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BIGLER, JIM		2.2 NAME	
STREET ADDRESS 158 LAUREL WAY		2.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 34743		2.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME KELLY, FLOYD		3.2 NAME WALDBIESER, JOHN D.	
STREET ADDRESS 3770 CORD AVENUE		3.3 STREET ADDRESS 4181 CITRUS ST.	
CITY-ST-ZIP ST. CLOUD FL 34769		3.4 CITY-ST-ZIP KISSIMMEE, FL 34746	
TITLE VD	<input type="checkbox"/> DELETE	4.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NEUHARD, HENRY H		4.2 NAME	
STREET ADDRESS 2320 IRLO DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 34741		4.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME LYLE, CHRIS		5.2 NAME SNYDER, BILL	
STREET ADDRESS PO BOX 971 N/A		5.3 STREET ADDRESS P.O. BOX 420221 N/A	
CITY-ST-ZIP ST. CLOUD FL 34770		5.4 CITY-ST-ZIP KISSIMMEE, FL 34742	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SCHUBERT, ZINA		6.2 NAME	
STREET ADDRESS 2322 IRLO CT		6.3 STREET ADDRESS	
CITY-ST-ZIP KISSIMMEE FL 34741		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)