

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

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

3. Date Incorporated or Qualified

01/25/1993

4. FEI Number

59-2845440

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

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 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** ☒ DELETE
NAME **PENCE, BERTHA**
STREET ADDRESS **1117 E LEHIGH STREET**
CITY-ST-ZIP **KISSIMMEE FL**

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **LYLE, CHRIS**
1.3 STREET ADDRESS **P.O. BOX 971 N/A**
1.4 CITY-ST-ZIP **ST. CLOUD, FL 34770**

TITLE **SD** ☒ DELETE
NAME **BIGLER, JIM**
STREET ADDRESS **158 LAUREL WAY**
CITY-ST-ZIP **KISSIMMEE FL**

2.1 TITLE **SD** ☒ Change ☐ Addition
2.2 NAME **ROEHRICK, TAMMY LYNN**
2.3 STREET ADDRESS **2776 WHISPER LAKES CLUB CIRCLE**
2.4 CITY-ST-ZIP **ORLANDO, FL 32837**

TITLE **D** ☒ DELETE
NAME **KELLY, FLOYD**
STREET ADDRESS **3770 CORD AVENUE**
CITY-ST-ZIP **ST. CLOUD FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **PENCE, BERTHA**
3.3 STREET ADDRESS **1117 E LEHIGH STREET**
3.4 CITY-ST-ZIP **KISSIMMEE FL 34744**

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **LYLE, CHRIS**
STREET ADDRESS **PO BOX 971 N/A**
CITY-ST-ZIP **ST. CLOUD FL**

5.1 TITLE **D** ☒ Change ☐ Addition
5.2 NAME **BIGLER, JIM**
5.3 STREET ADDRESS **158 LAUREL WAY**
5.4 CITY-ST-ZIP **KISSIMMEE FL 34743**

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

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

CR2E037 (10/97)