

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90013 013 ****61.25

DOCUMENT # N93000000320

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

595507-90013-013



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

01/25/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22

27

59-2845440

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 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 LYLE, CHRIS
STREET ADDRESS P O BOX 971
CITY-ST-ZIP ST CLOUD FL 34770

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME Junne Arcamo
1.3 STREET ADDRESS 3062 Zaharias Drive
1.4 CITY-ST-ZIP Orlando, FL 32837

TITLE SD ☐ DELETE
NAME ROEHRICK, TAMMY LYNN
STREET ADDRESS 2776 WHISPER LAKES CLUB CIRCLE
CITY-ST-ZIP ORLANDO FL 32837

2.1 TITLE VD ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PENCE, BERTHA
STREET ADDRESS 1117 E LEHIGH STREET
CITY-ST-ZIP KISSIMMEE FL 34744

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

4.1 TITLE TD ☐ Change ☒ Addition
4.2 NAME Thomas J. Griffin
4.3 STREET ADDRESS 1111 Shawnda Lane
4.4 CITY-ST-ZIP Saint Cloud, FL 34769

TITLE D ☒ DELETE
NAME BIGLER, JIM
STREET ADDRESS 158 LAUREL WAY
CITY-ST-ZIP KISSIMMEE FL 34743

5.1 TITLE SD ☐ Change ☒ Addition
5.2 NAME Carl Beekman
5.3 STREET ADDRESS 3015 Drema Drive
5.4 CITY-ST-ZIP Saint Cloud, FL 34769

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

6.1 TITLE PD ☒ 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, with all other like empowered.

SIGNATURE: Zina Schubert **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/20/99
Date

(407) 870-4077
Daytime Phone #

0066831

CR2E037 (1/98)