

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000840 (9)**

1. Corporation Name

KIWANIS CLUB OF THE UNIVERSITY CITY, INC.



Principal Place of Business 2731 NW 41 ST GAINESVILLE FL 32605-3722	Mailing Address 2731 NW 41 ST GAINESVILLE FL 32606-7467
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3. Date Incorporated or Qualified 03/11/1993	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. B-2 22 City & State 23 24 Zip 25 Country	2a. Mailing Address 26 Suite, Apt. #, etc. B-2 27 City & State 28 29 Zip 30 Country
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4. FEI Number 59-6153456	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent REESE, TERRY 1911 N.W. 32 TERRACE GAINESVILLE FL 32605-3722

10. Name and Address of New Registered Agent 81 Name John P. Arvin 82 Street Address (P.O. Box Number is Not Acceptable) 2731 N.W. 41st Street B-2 83 84 City Gainesville FL 85 Zip Code 32606
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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, to 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 *John P. Arvin* **John P. Arvin, Treasurer 2/2/97**
(NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	ARVIN, JOHN
STREET ADDRESS	7620 NW 41 AVE
CITY-ST-ZIP	GAINESVILLE FL 32606
TITLE	<input type="checkbox"/> DELETE
NAME	V MATTOX, LIZ
STREET ADDRESS	RT. 2 BOX 2954
CITY-ST-ZIP	MELROSE FL 32666
TITLE	<input type="checkbox"/> DELETE
NAME	P MATTOX, LIZ
STREET ADDRESS	RT 2, BOX 2954
CITY-ST-ZIP	MELROSE FL 32666
TITLE	<input type="checkbox"/> DELETE
NAME	P CLEMONS, CHUCK
STREET ADDRESS	7604 SE 33 PLACE
CITY-ST-ZIP	ALACHUA FL 32615
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D GRADY, FRANK
STREET ADDRESS	6125 N.W. 115 PLACE
CITY-ST-ZIP	ALACHUA FL 32615
TITLE	<input type="checkbox"/> DELETE
NAME	D WHIDDON, DANNY
STREET ADDRESS	5356 NW 9 LN
CITY-ST-ZIP	GAINESVILLE FL 32605

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Treasurer, Director
1.3 STREET ADDRESS	2731 N.W. 41st Street B-2
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director
4.3 STREET ADDRESS	same address
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *John P. Arvin* **John P. Arvin** 1/22/97 (312) 322-6548
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #0010050

CR2E037 (9/96)