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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000000840

1. Corporation Name

KIWANIS CLUB OF THE UNIVERSITY CITY, INC.

Principal Place of Business

2731 NW 41 ST
B-2
GAINESVILLE FL 32605-3722
US

Mailing Address

2731 NW 41 ST
B-2
GAINESVILLE FL 32605-3722
US



2. Principal Place of Business

21 10425 SW 48 PL

Suite, Apt. #, etc.

22
City & State
23 GAINESVILLE FL

24 Zip 32608 25 Country

2a. Mailing Address

26 10425 SW 48 PL

Suite, Apt. #, etc.

27
City & State
28 GAINESVILLE FL

29 Zip 32608 30 Country

3. Date Incorporated or Qualified

03/11/1993

4. FEI Number

59-6153456

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

ARVIN, JOHN P.
2731 NW 41ST STREET
B-2
GAINESVILLE FL 32606

10. Name and Address of New Registered Agent

81 Name
JOHN F. WARD
82 Street Address (P.O. Box Number is Not Acceptable)
10425 SW 48 PL
83
84 City GAINESVILLE FL 85 Zip Code 32608

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

John F. Ward
Signature, typed or printed name of registered agent and title if applicable.

JOHN F. WARD TREASURER 2/3/99
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE TO
NAME ARVIN, JOHN
STREET ADDRESS 2731 NW 41ST STREET, B-2
CITY-ST-ZIP GAINESVILLE FL

TITLE D
NAME MATTOX, LIZ
STREET ADDRESS ROUTE 2, BOX 2954
CITY-ST-ZIP MELROSE FL 32666

TITLE D
NAME CLEMONS, CHUCK
STREET ADDRESS 7604 SE 33 PLACE
CITY-ST-ZIP ALACHUA FL

TITLE P
NAME WHIDDON, DANNY
STREET ADDRESS 5356 NW 9 LN
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TO
1.2 NAME JOHN F. WARD
1.3 STREET ADDRESS 10425 SW 48 PL
1.4 CITY-ST-ZIP GAINESVILLE FL 32608

2.1 TITLE P
2.2 NAME BILL PEPPER
2.3 STREET ADDRESS 1629 NW 19 CIRCLE
2.4 CITY-ST-ZIP GAINESVILLE FL 32605

3.1 TITLE V.D.
3.2 NAME DAVID TONES
3.3 STREET ADDRESS 1603 NW 19 CIRCLE
3.4 CITY-ST-ZIP GAINESVILLE FL 32605

4.1 TITLE V.D.
4.2 NAME BILLY BELTZ
4.3 STREET ADDRESS 4133 SW 34 ST
4.4 CITY-ST-ZIP GAINESVILLE FL 32608

5.1 TITLE S.D.
5.2 NAME NED CANNON
5.3 STREET ADDRESS 3919 SW 4 PL
5.4 CITY-ST-ZIP GAINESVILLE FL 32607

6.1 TITLE
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:

John F. Ward
Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E037 (11/98)