FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002652 (6)

1. Corporation Name

KIWANIS CLUB OF LAKE SQUARE – LEESBURG, FLORIDA , INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
32327 COUNTY ROAD 473 LEESBURG FL 34789-5395	P.O. BOX 895395 LEESBURG FL 34789-5395

3. Date Incorporated or Qualified: 06/08/1993
3a. Date of Last Report: 10/05/1994

4. FEI Number: ~~48-2569314~~ 59-2611789 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business — 21
2a. Mailing Address — 26

Suite, Apt. #, etc. — 22 / 27

City & State — 23 / 28

Zip — 24 / 29 — County — 25 / 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DARROW, TIM
10251 JOANIES RUN441
LEESBURG FL 34788

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 10251 JOANIES RUN

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Timothy J Darrow 4/12/95
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	D	11 TITLE	☐ Change ☐ Addition
NAME	LEARNED, SUSAN C	12 NAME	300001483343
STREET ADDRESS	311 FROSTI WAY	13 STREET ADDRESS	-05/10/95--01107--023
CITY-ST-ZIP	EUSTIS FL 32726	14 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	P	21 TITLE	☐ Change ☐ Addition
NAME	DARROW, TIMOTHY J	22 NAME	
STREET ADDRESS	10251 JOANIES RUN	23 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	V ☑ Change ☐ Addition
NAME	ARNOLD, THOMAS A	32 NAME	HGR LONG, JR CC
STREET ADDRESS	32213 MARK AVE	33 STREET ADDRESS	10234 U.S. HWY 441
CITY-ST-ZIP	TAVARES FL 32778	34 CITY-ST-ZIP	LEESBURG FL 34788
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	POTTS, BILL	42 NAME	
STREET ADDRESS	9919 CANTERBURY DR	43 STREET ADDRESS	
CITY-ST-ZIP	LEESBUREG FL 34788	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BRANHAM, LINDA	52 NAME	
STREET ADDRESS	918 DORA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	TAVARES FL 32788	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MEDZARENTZ, HAIG	62 NAME	
STREET ADDRESS	73 BUCHANEER DR	63 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	64 CITY-ST-ZIP	CH

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Timothy J Darrow TIMOTHY J. DARROW 2/7/95 904-365-3213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074003