

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthem
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000002695 (5)

1. Corporation Name

KIWANIS CLUB OF RIVER CITY-PALATKA, INC.



Principal Place of Business

Mailing Address

**712 S 18 ST
PALATKA FL 32177
US**

**P O BOX 2692
PALATKA FL 32178
US**

3. Date Incorporated or Qualified
06/10/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HOOD, DANNY
712 S 18 STREET
PALATKA FL 32177**

81 Name

Hancock, William

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

1400 Hargrove St.

83

84 City

Palatka, FL

FL

85 Zip Code

32177

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

William Hancock

(NOTE: Registered Agent Signature required when reinstating)

2-6-96

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	HANCOCK, WILLIAM	
STREET ADDRESS	1400 HARGROVE ST	
CITY - ST - ZIP	PALATKA FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	ENGELKING, MARY K	
STREET ADDRESS	RT 3 BOX 2348	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOOD, DANNY	
STREET ADDRESS	712 S 18 ST	
CITY - ST - ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, TERRI L	
STREET ADDRESS	2605 FAIRWAY DR	
CITY - ST - ZIP	PALATKA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FIELDS, PRESTON	
STREET ADDRESS	P O BOX 40 N/A	
CITY - ST - ZIP	SAN MATEO FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, CHELSEA	
STREET ADDRESS	RT 3 BOX 5746	
CITY - ST - ZIP	PALATKA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Hancock, William	
13 STREET ADDRESS	1400 Hargrove St	
14 CITY - ST - ZIP	Palatka, FL 32177	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

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:

Terri L. Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Terri L. Thompson
Treasurer

Date

2-6-96

Daytime Phone #

904-325-8372

CR2E037 (12/95)