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Mar 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 32178-2692  
US

3. Date Incorporated or Qualified  
06/10/1993

3a. Date of Last Report  
02/14/1996

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

HANCOCK, WILLIAM  
1400 HARGROVE ST  
PALATKA FL 32177

81 Name

D. J. Wiltse

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

Rt. 1, Box 165

83

Pom

84

City

Pomona Park

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]*

Signature of individual or corporate name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  
NAME HANCOCK, WILLIAM  
STREET ADDRESS 1400 HARGROVE ST  
CITY-ST-ZIP PALATKA FL  
☒ DELETE

1.1 TITLE P  
1.2 NAME D. J. Wiltse  
1.3 STREET ADDRESS Rt. 1, Box 165  
1.4 CITY-ST-ZIP Pomona Park, FL  
☒ Change ☒ Addition

TITLE S  
NAME ENGELKING, MARY, K  
STREET ADDRESS RT 3 BOX 2348  
CITY-ST-ZIP PALATKA FL  
☐ DELETE

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

TITLE D  
NAME HOOD, DANNY  
STREET ADDRESS 712 S 18 ST  
CITY-ST-ZIP PALATKA FL  
☒ DELETE

3.1 TITLE D  
3.2 NAME Hancock, William  
3.3 STREET ADDRESS 1400 Hargrove St.  
3.4 CITY-ST-ZIP Palatka, FL 32177  
☒ Change ☒ Addition

TITLE T  
NAME THOMPSON, TERRI L  
STREET ADDRESS 2005 FAIRWAY DR  
CITY-ST-ZIP PALATKA FL  
☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME FIELDS, PRESTON  
STREET ADDRESS P O BOX 40 N/A  
CITY-ST-ZIP SAN MATEO FL  
☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE D  
NAME MERRITT, CHELSEA  
STREET ADDRESS RT 3 BOX 5746  
CITY-ST-ZIP PALATKA FL  
☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

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]* Terri L. Thompson

CR2E037 (9/96)