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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-3137999

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**

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILTSE, D.J.
RT 1 BOX 165
POMONA PARK FL 32177**

81 Name

Engelking, Mary Kay

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

Rt. 3, Box 2348

83

84 City

Palatka

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

Mary Kay Engelking

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	WILTSE, D.J.	
STREET ADDRESS	RT 1 BOX 165	
CITY-ST-ZIP	POMONA PARK FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	ENGELKING, MARY K	
STREET ADDRESS	RT 3 BOX 2348	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HANCOCK, WILLIAM	
STREET ADDRESS	1400 HARGROVE ST	
CITY-ST-ZIP	PALATKA FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	THOMPSON, TERRI L	
STREET ADDRESS	2805 FAIRWAY DR	
CITY-ST-ZIP	PALATKA FL	
TITLE	D	<input checked="" 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	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Engelking, Mary Kay	
1.3 STREET ADDRESS	RT. 3 BOX 2348	
1.4 CITY-ST-ZIP	Palatka, FL 32177	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Chuck Engelking	
2.3 STREET ADDRESS	Rt. 3, Box 2348	
2.4 CITY-ST-ZIP	Palatka, FL 32177	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Charles Oventurf	
3.3 STREET ADDRESS	307 S. Palm Ave.	
3.4 CITY-ST-ZIP	Palatka, FL 32177	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jim Hester	
5.3 STREET ADDRESS	Rt. 2, Box 2307	
5.4 CITY-ST-ZIP	Palatka, FL 32177	
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 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* **Terri L. Thompson 2/14/98 (904) 325-8372**

CR2E037 (10/97)