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02-05-1999 90017 044 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N93000002695

1. Corporation Name

KIWANIS CLUB OF RIVER CITY-PALATKA, INC.

Principal Place of Business

712 S 18 ST
PALATKA FL 32177
US

Mailing Address

P O BOX 2692
PALATKA FL 32178
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

ENGELKING, MARY KAY
RT 3, BOX 2348
PALATKA FL 32177

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 *Mary Kay Engelking*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-14-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ENGELKING, MARY KAY

STREET ADDRESS RT 3, BOX 2348

CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME ENGELKING, CHUCK

STREET ADDRESS RT 3, BOX 2348

CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME OVERTURE, CHARLES

STREET ADDRESS 307 S PALM AVE

CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME THOMPSON, TERRI L

STREET ADDRESS 2605 FAIRWAY DR

CITY-ST-ZIP PALATKA FL

TITLE ☐ DELETE

NAME HESTER, JIM

STREET ADDRESS RT 2, BOX 2307

CITY-ST-ZIP PALATKA FL 32177

TITLE ☐ DELETE

NAME MERRITT, CHELSEA

STREET ADDRESS RT 3 BOX 5746

CITY-ST-ZIP PALATKA FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

☐ Change

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☐ Change

☐ Addition

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:

TERRI L THOMPSON SIGNATURE REQUIRED TERRI L THOMPSON

Date

Daytime Phone #

1-13-99

CR2E037 (11/98)