

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N93000005067 (4)

1. Corporation Name

SOUTH LAKE KIWANIS FOUNDATION, INC.



Principal Place of Business

Mailing Address

8839 VILLAGE GREEN BLVD.  
CLERMONT FL 34711

POST OFFICE BOX 120063  
CLERMONT FL 34712

3. Date Incorporated or Qualified  
11/08/1993

3a. Date of Last Report  
05/18/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number  
59-3301926

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

City & State

City & State

23

28

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

24

25

Country

29

30

Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PEPPERS, BOB  
8839 VILLAGE GREEN BLVD.  
CLERMONT FL 34711

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

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 ☐ DELETE

11 TITLE ☒ Change ☐ Addition

NAME JONES, OUIDA  
STREET ADDRESS 777 E. ANDERSON ROAD  
CITY-ST-ZIP GROVELAND FL 34736

12 NAME  
13 STREET ADDRESS 635 Linden St.  
14 CITY-ST-ZIP Clermont FL 34711

TITLE ☐ DELETE

21 TITLE ☐ Change ☐ Addition

NAME DUPEE, ANN  
STREET ADDRESS 389 DIVISION ST.  
CITY-ST-ZIP CLERMONT FL 34711

22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE ☒ DELETE

31 TITLE ☐ Change ☒ Addition

NAME PEPPERS, PEGGY  
STREET ADDRESS 8839 VILLAGE GREEN BLVD.  
CITY-ST-ZIP CLERMONT FL 34711

32 NAME S O'Connor, Bob  
33 STREET ADDRESS 11235 Lake Circle Dr  
34 CITY-ST-ZIP Clermont, FL 34711-8701

TITLE ☐ DELETE

41 TITLE ☐ Change ☐ Addition

NAME PEPPERS, BOB  
STREET ADDRESS 8839 VILLAGE GREEN BLVD.  
CITY-ST-ZIP CLERMONT FL 34711

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE ☐ DELETE

51 TITLE ☐ Change ☐ Addition

NAME STEWART, LONNIE  
STREET ADDRESS 8441 DORAL DR.  
CITY-ST-ZIP CLERMONT FL 34711

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE ☐ DELETE

61 TITLE ☐ Change ☐ Addition

NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

Bob Peppers

Bob Peppers

3/10/96 (352) 394-8012

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)