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Apr 18 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 # N93000005067 (4)

1. Corporation Name

SOUTH LAKE KWANIS FOUNDATION, INC.

Principal Place of Business

8839 VILLAGE GREEN BLVD.
CLERMONT FL 34711

Mailing Address

POST OFFICE BOX 120063
CLERMONT FL 34712-0063



3. Date Incorporated or Qualified
11/08/1993

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

4. FEI Number

59-3301926

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

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 PD
NAME JONES, OUIDA
STREET ADDRESS 635 LINDEN STREET
CITY-ST-ZIP CLERMONT FL
☒ DELETE

1.1 TITLE PD
1.2 NAME Wagner, Jennifer
1.3 STREET ADDRESS 11431 Dwigths Road
1.4 CITY-ST-ZIP clermont, FL 34711
☐ Change ☒ Addition

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

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

TITLE S
NAME O'CONNER, BOB
STREET ADDRESS 11235 LAKE CIRCLE DRIVE
CITY-ST-ZIP CLERMONT FL
☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
☐ Change ☐ Addition

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

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

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

5.1 TITLE D
5.2 NAME Turner, Wayne
5.3 STREET ADDRESS 11119 Preston Cove Rd.
5.4 CITY-ST-ZIP clermont, FL 34711
☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:

Robert E. Peppers
DIRECTOR, 4/10/97

Date

Daytime Phone # 009626

CR2E037 (9/96)