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FILED

**Mar 16 1998 8:00am
Secretary of State**

**NONPROFIT
CORPORATION
ANNUAL REPORT
1998**



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

**8839 VILLAGE GREEN BLVD.
CLEAMONT FL 34711**

Mailing Address

**POST OFFICE BOX 120063
CLERMONT FL 34712**

3. Date Incorporated or Qualified

11/08/1993

4. FEI Number

59-3301926

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

9. Name and Address of Current Registered Agent

**PEPPERS, BOB
8839 VILLAGE GREEN BLVD.
CLERMONT FL 34711**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME **PD
WAGNER, JENNIFER**
STREET ADDRESS **11431 DWIGHTS ROAD**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE DELETE

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

TITLE DELETE

NAME **S
O'CONNOR, BOB**
STREET ADDRESS **11235 LAKE CIRCLE DRIVE**
CITY-ST-ZIP **CLERMONT FL**

TITLE DELETE

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

TITLE DELETE

NAME **D
TURNER, WAYNE**
STREET ADDRESS **1119 PRESTON COVE RD.**
CITY-ST-ZIP **CLERMONT FL 34711**

TITLE DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME **Sincere, David**
1.3 STREET ADDRESS **1260 W. Lakeshore Dr**
1.4 CITY-ST-ZIP **CLERMONT, FL 34711**

2.1 TITLE Change Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE Change 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 any changes.

SIGNATURE

Bob Peppers

3/16/98 (12) 3916-9072

CR2E037 (10/97)