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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005067

1. Corporation Name

SOUTH LAKE KIWANIS FOUNDATION, INC.

Principal Place of Business

Mailing Address

8839 VILLAGE GREEN BLVD.
 CLEAMONT FL 34711

POST OFFICE BOX 120063
 CLERMONT FL 34712



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/08/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				59-3301926	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
CLERMONT				\$8.75 Additional Fee Required	
24		25		29	
Zip		Country		30	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution	
				\$5.00 May Be Added to Fees	

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	85 Zip Code
	FL	

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	1.1 TITLE	PD
NAME	WAGNER, JENNIFER	1.2 NAME	Robert D. Beaver
STREET ADDRESS	11431 DWIGHTS ROAD	1.3 STREET ADDRESS	12647 Valencia Dr
CITY-ST-ZIP	CLERMONT FL 34711	1.4 CITY-ST-ZIP	Clermont FL 34711
TITLE	VPD	2.1 TITLE	
NAME	DUPEE, ANN	2.2 NAME	
STREET ADDRESS	389 DIVISION ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	O'CONNOR, BOB	3.2 NAME	
STREET ADDRESS	11235 LAKE CIRCLE DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	PEPPERS, BOB	4.2 NAME	
STREET ADDRESS	8839 VILLAGE GREEN BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	TURNER, WAYNE	5.2 NAME	Cynthia Kinat
STREET ADDRESS	1119 PRESTON COVE RD.	5.3 STREET ADDRESS	1249 12th Street
CITY-ST-ZIP	CLERMONT FL 34711	5.4 CITY-ST-ZIP	Clermont, FL 34711
TITLE	D	6.1 TITLE	
NAME	SINCERE, DAVID	6.2 NAME	
STREET ADDRESS	1260 W LAKE SHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL 34711	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, with all other like empowered.

SIGNATURE: *Robert D. Beaver* **ROBERT D. BEAVER**, Treas. 2/22/99 (352)394-8072

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)