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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000005067

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 **CLERMONT**

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28

Zip

Country

3. Date Incorporated or Qualified

11/08/1993

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

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

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

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

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

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

TITLE D ☐ DELETE
NAME SINCERE, DAVID
STREET ADDRESS 1260 W LAKE SHORE DR
CITY-ST-ZIP CLERMONT FL 34711

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☐ Change ☒ Addition
1.2 NAME Robert D. Beaver
1.3 STREET ADDRESS 12647 Valencia 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 D ☐ Change ☒ Addition
5.2 NAME Cynthia Kinat
5.3 STREET ADDRESS 1249 12th Street
5.4 CITY-ST-ZIP Clermont, FL 34711

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 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 (1/98)