

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000005143 (3)**

1. Corporation Name

KIWANIS CLUB OF STUART, FLORIDA, INC.



Principal Place of Business P.O. BOX 532 STUART FL 34995	Mailing Address P.O. BOX 532 STUART FL 34995
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3. Date Incorporated or Qualified 11/16/1993
4. FEI Number 59-6151478
Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent BRUCE, KEITH 1038 E. OCEAN BLVD. STUART FL 34996
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10. Name and Address of New Registered Agent 81 Name DONALD R. COLLINS 82 Street Address (P.O. Box Number is Not Acceptable) 1881 PALM CITY ROAD 83 UNIT A-301 84 City STUART FL 85 Zip Code 34994
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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 617.0903, Florida Statutes.
SIGNATURE DONALD R. COLLINS <i>Donald R. Collins</i> FEB 9, 1998

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 SD	<input checked="" type="checkbox"/> DELETE
NAME BRUCE, KEITH	
STREET ADDRESS 1038 E. OCEAN BLVD.	
CITY-ST-ZIP STUART FL 34996	
TITLE TD	<input checked="" type="checkbox"/> DELETE
NAME LAYCOCK, TODD	
STREET ADDRESS 3371 SW SUNSET TRACE CIR	
CITY-ST-ZIP PALM CITY FL 34990	
TITLE PD	<input type="checkbox"/> DELETE
NAME BURSON, ROBERT B.	
STREET ADDRESS 310 W 1ST	
CITY-ST-ZIP STUART FL	
TITLE PD	<input checked="" type="checkbox"/> DELETE
NAME NUTTALL, GREG	
STREET ADDRESS 3101 SE BEDFORD DRIVE	
CITY-ST-ZIP STUART FL	
TITLE PE	<input checked="" type="checkbox"/> DELETE
NAME ESSENWINE, BARBARA	
STREET ADDRESS P.O. BOX 1469 NA	
CITY-ST-ZIP STUART FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME DONALD R COLLINS	
1.3 STREET ADDRESS 1881 PALM CITY ROAD, UNIT A-301	
1.4 CITY-ST-ZIP STUART, FL 34994	
2.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME KENNETH DAU	
2.3 STREET ADDRESS PO BOX 2260 4895 SR MANATEE TER	
2.4 CITY-ST-ZIP PALM CITY, FL 34991 STUART, FL 34999	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS STUART, FL 34994	
3.4 CITY-ST-ZIP	
4.1 TITLE PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME BARBARA ESSENWINE	
4.3 STREET ADDRESS PO BOX 1469 NA 2591 SW ESTELA TER	
4.4 CITY-ST-ZIP PALM CITY, FL 34990-6409	
5.1 TITLE PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME TODD LAYCOCK	
5.3 STREET ADDRESS 33 SW FLAGLER AVE	
5.4 CITY-ST-ZIP STUART, FL 34994-2140	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.
SIGNATURE <i>Donald R. Collins</i> FEB 9 1998 (d.r.) 286-1248

CR2E037 (10/97)