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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 # N93000005143

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



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/16/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6151478
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

COLLINS, DONALD R
1881 PALM CITY ROAD
UNIT H-301
STUART FL 34994

10. Name and Address of New Registered Agent

81 Name **THOMAS R HAVINS SECRETARY**
 82 Street Address (P.O. Box Number is Not Acceptable)
6533 SE FED HWY APT 7
 83
 84 City **STUART** FL 85 Zip Code **34997**

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

Thomas R Havins
 Signature, typed or printed name of registered agent and title if applicable.

THOMAS R HAVINS, SECRETARY
 (NOTE: Registered Agent signature required when reinstating)

DATE

4/1/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLLINS, DONALD R	1.2 NAME	
STREET ADDRESS	1881 PALM CITY RD, UNIT H-301	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVI, KENNETH	2.2 NAME	
STREET ADDRESS	4885 SE MANATEE TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURSON, ROBERT B.	3.2 NAME	
STREET ADDRESS	310 W 1ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESSENWINDE, BARBARA	4.2 NAME	
STREET ADDRESS	2591 SW ESTELLA TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PALM CITY FL 34990	4.4 CITY-ST-ZIP	
TITLE	PE <input checked="" type="checkbox"/> DELETE	5.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYCOCK, TODD	5.2 NAME	
STREET ADDRESS	33 SW FLAGLER AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	THOMAS R HAVINS
STREET ADDRESS		6.3 STREET ADDRESS	6533 SE FED HWY APT 7
CITY-ST-ZIP		6.4 CITY-ST-ZIP	STUART, FL 34997

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas R Havins 4/1/99 (561) 286-7549
 Date Daytime Phone #

CR2E037 (11/98)