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FILED
May 20 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002069 (2)
1. Corporation Name

THE KIWANIS CLUB OF NORTH LAKE COUNTY, INC.

Principal Place of Business

Mailing Address

708 S. DIXIE AVE.
FRUITLAND PARK FL 34731

P.O. BOX 401
FRUITLAND PARK FL 34731-0401



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LOGEL, FRANK D
35411 CRESCENT DR.
FRUITLAND PARK FL 34731

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 D
NAME BOWERSOX, RICHARD
STREET ADDRESS 3928 WOODPECKER DR
CITY-ST-ZIP FRUITLAND PARK FL

TITLE DP
NAME ETHEREDGE, KIM
STREET ADDRESS 804 S. HWY. 441/27
CITY-ST-ZIP FRUITLAND PARK FL

TITLE DST
NAME LOGEL, FRANK J
STREET ADDRESS 35411 CRESCENT DR.
CITY-ST-ZIP FRUITLAND PARK FL 34731

TITLE D
NAME BARN, Kenneth
STREET ADDRESS 15714 ACORN CIRCLE
CITY-ST-ZIP TAVARES, FL 32778

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP SAME

2.1 TITLE DIRECTOR
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE DIRECTOR, SEC., TREAS.
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP SAME

4.1 TITLE DIRECTOR
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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

Frank D. Logel

FRANK D. LOGEL

5-19-97

CR2E037 (9/96)