

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000002452 (0)**

1. Corporation Name

**KIWANIS CLUB OF GREATER OCALA, FLORIDA, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 70274  
OCALA FL 34478

P.O. BOX 70274  
OCALA FL 34478

3. Date Incorporated or Qualified

**05/16/1994**

4. FEI Number

**59-6168930**

Applied For

Not Applicable

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

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERMER, ROBERT A  
8585 SW HWY 200  
#9  
OCALA FL 34481**

81 Name

**CULVER JONATHAN P**

82 Street Address (P.O. Box Number is Not Acceptable)

**403 NE 2ND ST.**

83

84 City

**OCALA**

**FL**

85 Zip Code

**34470**

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

**5-4-98**

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>WILLIAMS, DIANA</b>	
STREET ADDRESS	<b>1330 SE 15TH AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

1.1 TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>HENDRY DON</b>	
1.3 STREET ADDRESS	<b>1838 SE 36TH PL</b>	
1.4 CITY-ST-ZIP	<b>OCALA, FL 34471</b>	

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>BARRINEAU, HAL</b>	
STREET ADDRESS	<b>1306 SE 18TH STREET</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

2.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>BARRINEAU, HAL</b>	
2.3 STREET ADDRESS	<b>1306 SE 18TH ST</b>	
2.4 CITY-ST-ZIP	<b>OCALA, FL 34471</b>	

TITLE	<b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>STERMER, ROBERT A</b>	
STREET ADDRESS	<b>8585 SW HWY 200, #9</b>	
CITY-ST-ZIP	<b>OCALA FL 34481</b>	

3.1 TITLE	<b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>CULVER JONATHAN P</b>	
3.3 STREET ADDRESS	<b>403 NE 2ND ST.</b>	
3.4 CITY-ST-ZIP	<b>OCALA, FL 34470</b>	

TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, GENE</b>	
STREET ADDRESS	<b>807 SW 34TH AVENUE</b>	
CITY-ST-ZIP	<b>OCALA FL 34471</b>	

4.1 TITLE	<b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SCHNEIDER, GENE</b>	
4.3 STREET ADDRESS	<b>4047 NE 30TH ST</b>	
4.4 CITY-ST-ZIP	<b>OCALA, FL 34470</b>	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*[Signature]*

**5/7/98**

**852-629-6963**

CR2E037 (10/97)