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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002655 (8)
1. Corporation Name
KWANIS CLUB OF MADISON, INC.



Principal Place of Business C/O MONTEEN CAVE P.O. BOX 8 MADISON FL 32341 US	Mailing Address C/O MONTEEN CAVE P.O. BOX 8 MADISON FL 32341 US
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3. Date Incorporated or Qualified
05/23/1994

4. FEI Number
59-1786436

Applied For	
Not Applicable	

2. Principal Place of Business 21 <i>Yo Brenda Newman</i>	2a. Mailing Address 26 <i>C/o Brenda Newman</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	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

**WILLIS, GEORGE
PINE RIDGE RANCH
MADISON FL 32340**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ELLIS, ROY	
STREET ADDRESS	P.O. BOX 57 N/A	
CITY - ST - ZIP	LEE FL 32059	
TITLE	P	<input type="checkbox"/> DELETE
NAME	CAVE, MONTEEN	
STREET ADDRESS	PO BOX 927	
CITY - ST - ZIP	MADISON FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	WITMER, BUDDY	
STREET ADDRESS	RT 2 BOX 25	
CITY - ST - ZIP	FREENVILLE FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HURST, SAM	
STREET ADDRESS	2825 STONEGATE DR.	
CITY - ST - ZIP	TALLAHASSEE FL 32308	
TITLE	V	<input type="checkbox"/> DELETE
NAME	NEWMAN, BRENDA	
STREET ADDRESS	RT 4 BOX 1877	
CITY - ST - ZIP	MADISON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WILLIS, GEORGE	
STREET ADDRESS	P.O. BOX 119 N/A	
CITY - ST - ZIP	MADISON FL 32341	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	HOWELL, LINDA	
1.3 STREET ADDRESS	Rt. 1, Box 725	
1.4 CITY - ST - ZIP	MADISON, FL 32340	
2.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CAVE, MONTEEN	
2.3 STREET ADDRESS	P.O. Box 927 N/A	
2.4 CITY - ST - ZIP	MADISON, FL 32341	
3.1 TITLE	Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALEXANDER, CLYDE	
3.3 STREET ADDRESS	190 OAK ROAD	
3.4 CITY - ST - ZIP	MADISON, FL 32340	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	NEWMAN, Brenda	
5.3 STREET ADDRESS	Rt. 4, Box 1877	
5.4 CITY - ST - ZIP	MADISON, FL 32340	
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: *Sam Hurst* **SAM HURST** 1-29-98 850 973-5022

GR2E037 (10/97)