

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000002684 (8)

1. Corporation Name

KIWANIS CLUB OF BELLEVIEW, INC.



Principal Place of Business

Mailing Address

C/O STEVE BAIRSTOW, ESQ.
P.O. BOX 1718
BELLEVIEW FL 34421-1718

C/O STEVE BAIRSTOW, ESQ.
P.O. BOX 1718
BELLEVIEW FL 34421-1718

3. Date Incorporated or Qualified

05/23/1994

3a. Date of Last Report

03/02/1995

4. FEI Number

59-3253878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☒ No

2. Principal Place of Business

2a. Mailing Address

21 c/o Linda Strother

26 c/o Linda Strother

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 238 SW 96 LN

27 238 SW 96 LN

City & State

City & State

23 Ocala FL

28 Ocala FL

Zip

Country

Zip

Country

24 34476

25 AMERICA

29 34476

30 America

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BAIRSTOW, STEVE
10905 S.E. US HWY. 441
BELLEVIEW FL 34420

81 Name Strother, Linda

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

238 SW 96 LN

83

84 City Ocala

FL

85 Zip Code 34476

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 Linda Strother

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

7-17-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME ABSHIER, EMERY
STREET ADDRESS P.O. BOX 163 N/A
CITY-ST-ZIP BELLEVIEW FL 34421

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME D Bairstow, Marie
1.3 STREET ADDRESS 10905 SE US HWY 441
1.4 CITY-ST-ZIP Belleview FL 34421

TITLE D ☐ DELETE
NAME BAIRSTOW, STEVE
STREET ADDRESS 10905 SE US HWY 441
CITY-ST-ZIP BELLEVIEW FL

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME Jan Ross
2.3 STREET ADDRESS 6106 SE 126 LN
2.4 CITY-ST-ZIP Belleview FL 34420

TITLE D ☐ DELETE
NAME STROTHER, STAN
STREET ADDRESS 2520 SW 27TH STREET
CITY-ST-ZIP Ocala FL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME Brechtel, Kathy
3.3 STREET ADDRESS 10761 SE HWY 441
3.4 CITY-ST-ZIP Belleview FL 34420

TITLE D ☒ DELETE
NAME HUBBARD, TOM
STREET ADDRESS P O BOX 416 N/A
CITY-ST-ZIP BELLEVIEW FL

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME Strother, Linda
4.3 STREET ADDRESS 238 SW 96 LN
4.4 CITY-ST-ZIP Ocala FL 34476

TITLE D ☒ DELETE
NAME COMBS, DANIELLE
STREET ADDRESS 10990 S.E. US HWY. 441
CITY-ST-ZIP BELLEVIEW FL 34420

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

TITLE D ☐ DELETE
NAME SWAAGMAN, JACQUELINE
STREET ADDRESS 5148 SE ABSHIER BLVD
CITY-ST-ZIP BELLEVIEW FL

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

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Linda Strother

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-96

DATE

352-690-6161

DAYTIME PHONE #

CR2E037 (3/96)