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Mar 03 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 # **N94000002684 (8)**

1. Corporation Name

KIWANIS CLUB OF BELLEVIEW, INC.



Principal Place of Business

Mailing Address

**9080 SE 154 LN
SUMMERFIELD FL 34491
US**

**9080 SE 154 LN
SUMMERFIELD FL 34491
US**

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3253878

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

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

**CALERO, ANN
9080 SE 154 LN
SUMMERFIELD FL 34491**

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 *Ann Calero*

2-1098

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **BAIRSTOW, MARIE**
STREET ADDRESS **10905 SE US HWY 441**
CITY-ST-ZIP **BELLEVIEW FL**

1.1 TITLE **Treasurer** ☐ Change ☒ Addition
1.2 NAME **Linda L Toth**
1.3 STREET ADDRESS **238 SWALE LN**
1.4 CITY-ST-ZIP **Ocala FL 34476**

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

2.1 TITLE **S** ☐ Change ☒ Addition
2.2 NAME **Ann Calero**
2.3 STREET ADDRESS **9080 SE 154 LN**
2.4 CITY-ST-ZIP **Summerfield FL 34491**

TITLE **D** ☒ DELETE
NAME **HUBBARD, TOM**
STREET ADDRESS **P O BOX 418**
CITY-ST-ZIP **BELLEVIEW FL**

3.1 TITLE **P** ☐ Change ☒ Addition
3.2 NAME **Marie Bairstow**
3.3 STREET ADDRESS **5520 SE 113th St.**
3.4 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☒ DELETE
NAME **BRECHTEL, KATHY**
STREET ADDRESS **10751 SE HWY 441**
CITY-ST-ZIP **BELLEVIEW FL**

4.1 TITLE **D** ☒ Change ☐ Addition
4.2 NAME **Steve Bairstow**
4.3 STREET ADDRESS **5520 SE 113th St.**
4.4 CITY-ST-ZIP **Belleview, FL 34420**

TITLE **D** ☐ DELETE
NAME **MAXEY, WARNELL**
STREET ADDRESS **3351 SE 73 ST**
CITY-ST-ZIP **OCALA FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **DeShppard**
5.3 STREET ADDRESS **P.O. Box 1386**
5.4 CITY-ST-ZIP **Belleview, FL 34421**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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: *Ann Calero*

2-1098 352 2454866

CR2E037 (10/97)