

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N95000000281 (4)

1. Corporation Name

KIWANIS CLUB OF CHIEFLAND, INC.



Principal Place of Business

PO BOX 1310  
CHIEFLND FL 32626

Mailing Address

PO BOX 1310  
CHIEFLND FL 32626

3. Date Incorporated or Qualified

01/20/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-3292358

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BEAUCHAMP, W O III  
19 NE 3RD STREET  
CHIEFLND FL 32626

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 PD  
NAME SIMMONS, MARILYN  
STREET ADDRESS 30 EASY STREET  
CITY-ST-ZIP BRONSON FL 32621

☒ DELETE

TITLE VD  
NAME BEAUCHAMP, W O III  
STREET ADDRESS NW 111TH LANE  
CITY-ST-ZIP CHIEFLND FL 32626

☐ DELETE

TITLE STD  
NAME REYNOLDS, MARY  
STREET ADDRESS STATE ROAD 345  
CITY-ST-ZIP CHIEFLND FL 32626

☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Pres.  
1.2 NAME Bennett Paterson  
1.3 STREET ADDRESS 6881 N.W. 106th St.  
1.4 CITY-ST-ZIP Chiefland, FL 32626

☐ Change

☒ Addition

2.1 TITLE Vice-Pres.  
2.2 NAME WO Beauchamp  
2.3 STREET ADDRESS 111TH NW LANE  
2.4 CITY-ST-ZIP Chiefland, FL 32626

☐ Change

☐ Addition

3.1 TITLE Sec.  
3.2 NAME Cherri Pruvatt  
3.3 STREET ADDRESS 10451 N.W. 45th St.  
3.4 CITY-ST-ZIP Chiefland, FL 32626

☐ Change

☒ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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

☐ Change

☐ Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)