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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000004357 (8)

1. Corporation Name

KIWANIS CLUB OF PALM BAY, FLORIDA, INC.



Principal Place of Business

Mailing Address

**516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

**516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

3. Date Incorporated or Qualified

09/13/1995

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANCILIA, JOHN R
516 N. HARBOR CITY BLVD.
MELBOURNE FL 32935**

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 **D** ☐ DELETE

NAME **CASTELLO, DIANE T**
STREET ADDRESS **1900 PALM BAY ROAD, SUITE D**
CITY-ST-ZIP **PALM BAY FL 32906-1510**

TITLE **D** ☐ DELETE

NAME **CASABIANCA, CATHERINE**
STREET ADDRESS **266 HARVEY AVE., N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ DELETE

NAME **DEXTER, SCOTT**
STREET ADDRESS **1221 MONUMENT AVE., S.E.**
CITY-ST-ZIP **PALM BAY FL 32909**

TITLE **D** ☐ DELETE

NAME **FELS, SYLVIA**
STREET ADDRESS **497 MINOR AVE, N.E.**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ DELETE

NAME **LINGENFELTER, BARBARA**
STREET ADDRESS **1080 ESSEN AVE., NW**
CITY-ST-ZIP **PALM BAY FL 32907**

TITLE **D** ☐ DELETE

NAME **MAROHN, HAROLD**
STREET ADDRESS **780 WILDBRIAR ROAD, N.E.**
CITY-ST-ZIP **PALM BAY FL 32905**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **P/D** ☐ Change ☒ Addition

1.2 NAME **Speegle, Francis**
1.3 STREET ADDRESS **1657 Colorado Street, SE**
1.4 CITY-ST-ZIP **Palm Bay FL 32909**

2.1 TITLE **VP/D** ☐ Change ☒ Addition

2.2 NAME **White, David**
2.3 STREET ADDRESS **134 Copenhagen Ave, NE**
2.4 CITY-ST-ZIP **Palm Bay FL 32907**

3.1 TITLE **VP/D** ☐ Change ☒ Addition

3.2 NAME **Fels, Sylvia**
3.3 STREET ADDRESS **497 Minor Avenue, NE**
3.4 CITY-ST-ZIP **Palm Bay FL 32907**

4.1 TITLE **S/D** ☐ Change ☒ Addition

4.2 NAME **Thompson, Jodie**
4.3 STREET ADDRESS **4505-7 Lake Waterford Way**
4.4 CITY-ST-ZIP **Palm Bay FL 32901**

5.1 TITLE **T/D** ☐ Change ☒ Addition

5.2 NAME **NemeroFF, Brian**
5.3 STREET ADDRESS **280 Salmon Drive, NE**
5.4 CITY-ST-ZIP **Palm Bay FL 32907**

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:

Brian NemeroFF
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian NemeroFF, Treasurer

Date

Daytime Phone #

2/20/96

407-724-8009

CR2E037 (12/95)