

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 # N95000004802 (3)

1. Corporation Name

OKEECHOBEE KIWANIS CLUB, INC.



Principal Place of Business

Mailing Address

**200 NE 4TH AVE
OKEECHOBEE FL 34972**

**200 NE 4TH AVE
OKEECHOBEE FL 34972**

3. Date Incorporated or Qualified
10/06/1995

3a. Date of Last Report
N/A

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

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

**KENNEDY, ROBERT
200 NE 4TH AVE
OKEECHOBEE FL 34972**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CANTRELL, GARY J	
STREET ADDRESS	1796 HWY 441 N	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SMET, RON	
STREET ADDRESS	1796 HWY 441 N	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PADGETT, STEVE	
STREET ADDRESS	1409 S PARROTT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34974	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	O'NEILL, EUGENE F	
STREET ADDRESS	5593 NW 20TH ST	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WEBER, BRAD	
STREET ADDRESS	205 N PARROTT AVE	
CITY-ST-ZIP	OKEECHOBEE FL 34972	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SYFRETT, CHUCK	
STREET ADDRESS	501 SW 28TH TERR	
CITY-ST-ZIP	OKEECHOBEE FL 34974	

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER KNOLL	
1.3 STREET ADDRESS	3817 SE 27TH ST	
1.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BRYANT, GERALD	
3.3 STREET ADDRESS	1789 SW 12TH TERR	
3.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	
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		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ARRANTS, RAYMOND	
6.3 STREET ADDRESS	1410 SE 6TH ST	
6.4 CITY-ST-ZIP	OKEECHOBEE FL 34974	

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-96

941-357-4200

Date

Daytime Phone #

CR2E037 (12/95)