

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004181 (1)**
1. Corporation Name

KIWANIS CLUB OF COLLEGE PARK-OCALA, FLORIDA, INC

Principal Place of Business	Mailing Address
% PATRICIA MILLER P.O. BOX 442 OCALA FL 34478-0442	% PATRICIA MILLER P.O. BOX 442 OCALA FL 34478-0442



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	08/08/1996	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	28	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Zip	Country		
24	25	29	30

9. Name and Address of Current Registered Agent

MILLER, PATRICIA
3000 SE 52ND AVE
OCALA FL 34471

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 12	
TITLE	D	1.1 TITLE	TD
NAME	CARINI, JOHN	1.2 NAME	JOHN E. TIGHT
STREET ADDRESS	8375 SW STATE ROAD 200	1.3 STREET ADDRESS	4554 SR 13 ST
CITY-ST-ZIP	OCALA FL 34481	1.4 CITY-ST-ZIP	OCALA, FL 34471
TITLE	D	2.1 TITLE	PD
NAME	CRETUL, LARRY	2.2 NAME	TINA YORK
STREET ADDRESS	601 SE 25TH AVE.	2.3 STREET ADDRESS	1900 SW 60 AVE
CITY-ST-ZIP	OCALA FL 34471	2.4 CITY-ST-ZIP	OCALA, FL 34474
TITLE	D	3.1 TITLE	VD
NAME	EVANS, PATRICIA	3.2 NAME	VILLIE SMITH
STREET ADDRESS	1107 NE 11TH STREET	3.3 STREET ADDRESS	RR 1 BOX 347
CITY-ST-ZIP	OCALA FL 34470	3.4 CITY-ST-ZIP	MICANDOPY, FL 32667
TITLE	D	4.1 TITLE	
NAME	GANN, JEFF	4.2 NAME	
STREET ADDRESS	601 SE 25TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34471	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	LANE, GLENN	5.2 NAME	
STREET ADDRESS	3931 SW COLLEGE ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34474	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	MILLER, PENNY	6.2 NAME	
STREET ADDRESS	P.O. BOX 7202 N/A	6.3 STREET ADDRESS	
CITY-ST-ZIP	OCALA FL 34472	6.4 CITY-ST-ZIP	

14. I do 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 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 REQUIRED

7/25/97

352-368-6053

CP2E037 (4/97)