

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 25 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N96000004181 (1)**

1. Corporation Name

KIWANIS CLUB OF COLLEGE PARK-OCALA, FLORIDA, INC



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| Principal Place of Business % PATRICIA MILLER P.O. BOX 442 OCALA FL 34478-0442 | Mailing Address % PATRICIA MILLER P.O. BOX 442 OCALA FL 34478-0442 |
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| 3. Date Incorporated or Qualified 08/08/1996 |
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| 4. FEI Number APPLIED FOR 59-345806 | Applied For Not Applicable |
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| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |
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| 9. Name and Address of Current Registered Agent MILLER, PATRICIA 3000 SE 52ND AVE OCALA FL 34471 |
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| 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|---|
| TITLE | D <input checked="" type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CARINI, JOHN | 1.2 NAME | |
| STREET ADDRESS | 8375 SW STATE ROAD 200 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL 34481 | 1.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | YORK, TINA | 2.2 NAME | |
| STREET ADDRESS | 1900 SW 60 AVE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 2.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, VILLIE | 3.2 NAME | |
| STREET ADDRESS | RR 1 BOX 347 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MICANOPY FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TIGHT, JOHN E | 4.2 NAME | |
| STREET ADDRESS | 4554 SE 13 ST | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | OCALA FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 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.

CR2E037 (10/97)