

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Jul 19, 1999 8:00 am  
Secretary of State

07-19-1999 90004 022 \*\*\*\*61.25

DOCUMENT # N96000004181

1. Corporation Name

KIWANIS CLUB OF COLLEGE PARK-OCALA, FLORIDA, INC

Principal Place of Business

Mailing Address

%PATRICIA MILLER-DENVER HETZER  
P.O. BOX 442  
OCALA FL 34478-0442

%PATRICIA MILLER-DENVER HETZER  
P.O. BOX 442  
OCALA FL 34478-0442



2. Principal Place of Business

21 DENVER HETZER

2a. Mailing Address

26 DENVER HETZER

3. Date Incorporated or Qualified

08/08/1996

Suite, Apt. #, etc.

22 PO BOX 442

Suite, Apt. #, etc.

27 PO BOX 442

4. FEI Number

59-3458016

Applied For

Not Applicable

City & State

23 Ocala FL

City & State

28 Ocala FL

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

Zip Country

24 34478-0442 25

Zip Country

29 34478-0442 30

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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 DENVER HETZER

82 Street Address (P.O. Box Number is Not Acceptable)  
4841 NE 7 AVENUE

83

84 City Ocala

FL

85 Zip Code  
34478

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.

DENVER D. HETZER SECRETARY

7-9-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME YORK, TINA  
STREET ADDRESS 1900 SW 60 AVE  
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE VD  
NAME SMITH, VILLIE  
STREET ADDRESS RR 1 BOX 347  
CITY-ST-ZIP MICANOPY FL ☒ DELETE

TITLE TD  
NAME TIGHT, JOHN E  
STREET ADDRESS 4554 SE 13 ST  
CITY-ST-ZIP Ocala FL ☒ DELETE

TITLE D  
NAME LANE, GLENN  
STREET ADDRESS 3931 SW COLLEGE ROAD  
CITY-ST-ZIP Ocala FL 34474 ☐ DELETE

TITLE D  
NAME MILLER, PENNY  
STREET ADDRESS P.O. BOX 7202 N/A  
CITY-ST-ZIP Ocala FL 34472 ☐ DELETE

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition  
1.2 NAME JELLY QUARLES  
1.3 STREET ADDRESS 731 SW 37 AVENUE  
1.4 CITY-ST-ZIP Ocala FL 34474

2.1 TITLE VD ☒ Change ☐ Addition  
2.2 NAME THERESA BAKER  
2.3 STREET ADDRESS 1311 SE 20 AVENUE  
2.4 CITY-ST-ZIP Ocala FL 34471

3.1 TITLE TD ☒ Change ☐ Addition  
3.2 NAME HARPER, ARTHUR BLAKE  
3.3 STREET ADDRESS P.O. BOX 141196  
3.4 CITY-ST-ZIP GAINESVILLE FL 32614

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

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

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME S.D. DENVER HETZER  
6.3 STREET ADDRESS 4841 NE 7 AVENUE  
6.4 CITY-ST-ZIP Ocala FLORIDA 34478

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

07-08-99

Daytime Phone #

352-372-7177

0010223

CR2E037 (5/99)