

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004236 (3) 1. Corporation Name KIWANIS CLUB OF SOUTH BREVARD BEACHES, FLORIDA, INC.	
Principal Place of Business 455 GENESSEE AVENUE INDIALANTIC FL 32903	Mailing Address 455 GENESSEE AVENUE INDIALANTIC FL 32903-4111



3. Date Incorporated or Qualified 08/09/1996		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0654491	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MARCOTTE, MARGARET 455 GENESSEE AVENUE INDIALANTIC FL 32903		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD D	1.1 TITLE	VD
NAME	HORSLEY, DIANE BACCUS	1.2 NAME	ARLEEN RICE RICE, ARLEEN
STREET ADDRESS	455 GENESSEE AVENUE	1.3 STREET ADDRESS	255 Desoto PKWY
CITY-ST-ZIP	INDIALANTIC FL 32903	1.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937
TITLE	JD D	2.1 TITLE	D
NAME	WINDOM, MARIA	2.2 NAME	ROZ STEED SLEDD, ROZ
STREET ADDRESS	1090 HIGHWAY A1A	2.3 STREET ADDRESS	1001 S. RAMINA AVE.
CITY-ST-ZIP	SATELLITE BEACH FL 32937	2.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	SD	3.1 TITLE	D
NAME	MAXWELL, NEDRA	3.2 NAME	REINA, TOM DR.
STREET ADDRESS	80 MIAMI AVENUE- 305 TWELFTH TERRACE	3.3 STREET ADDRESS	3061 RIO PALMA NORTH
CITY-ST-ZIP	INDIALANTIC FL 32903	3.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	TD	4.1 TITLE	D
NAME	MARCOTTE, MARGARET	4.2 NAME	FRIEDMANN, PAT
STREET ADDRESS	455 GENESSEE AVENUE	4.3 STREET ADDRESS	471 RIO LANE
CITY-ST-ZIP	INDIALANTIC FL 32903	4.4 CITY-ST-ZIP	INDIALANTIC, FL 32903
TITLE	D	5.1 TITLE	D
NAME	BENEVENTE, VINCENT	5.2 NAME	JOSEPH, MARY JUNE
STREET ADDRESS	427 OAKLAND AVENUE	5.3 STREET ADDRESS	P.O. BOX 1862 N/A
CITY-ST-ZIP	INDIALANTIC FL 32903	5.4 CITY-ST-ZIP	MELBOURNE, FL 32902
TITLE	D PD	6.1 TITLE	D
NAME	BOYLE, TOM	6.2 NAME	BRIMO, ANTHONY
STREET ADDRESS	240 HEDGE COCK COURT	6.3 STREET ADDRESS	1423 S. PATRICK DR
CITY-ST-ZIP	SATELLITE BEACH FL 32937	6.4 CITY-ST-ZIP	SATELLITE BEACH, FL 32937

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 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: *Thomas E. Boyle* **Thomas E. Boyle** 2/6/97 (407) 777-1233

CR2E037 (9/96)