HURRICANE FLOYD

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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 SEP 30 PM 2:04

DOCUMENT # N96000004236

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

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

2a. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

3. Date Incorporated or Qualified: 08/09/1996
4. FEI Number: 65-0654491 — 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

9. Name and Address of Current Registered Agent
MARCOTTE, MARGARET
455 GENESSEE AVENUE
INDIALANTIC FL 32903

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D NAME: HORSLEY, DIANE BACCUS STREET ADDRESS: ~~455 GENESSEE AVENUE~~ CITY-ST-ZIP: INDIALANTIC FL	☐ DELETE	[X] Change ☐ Addition STREET ADDRESS: 320 Second Ave CITY-ST-ZIP: 32903
TITLE: D NAME: SLEDD, ROZ STREET ADDRESS: 1001 S ICAMONA AVE CITY-ST-ZIP: INDIALANTIC FL 32903	[X] DELETE	☐ Change ☐ Addition
TITLE: PD NAME: MAXWELL, NEDRA STREET ADDRESS: 305 12TH TERRACE CITY-ST-ZIP: INDIALANTIC FL	☐ DELETE	[X] Change ☐ Addition TITLE: D
TITLE: D NAME: MARCOTTE, MARGARET STREET ADDRESS: 455 GENESSEE AVENUE CITY-ST-ZIP: INDIALANTIC FL 32903	☐ DELETE	[X] Change ☐ Addition TITLE: PD
TITLE: D NAME: JOSEPH, MARY J STREET ADDRESS: P O BOX 1862 N/A CITY-ST-ZIP: MELBOURNE FL	☐ DELETE	[X] Change ☐ Addition TITLE: T STREET ADDRESS: 1811 S. Patrick Drive CITY-ST-ZIP: Indian Harbour Beach FL 32937
TITLE: D NAME: BOYLE, TOM STREET ADDRESS: 240 HEDGECOCK COURT CITY-ST-ZIP: SATELLITE BEACH FL	[X] DELETE	☐ Change ☐ Addition

400003007874--1
-10/06/99--01035--004
*****61.25 *****61.25

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: Thomas Reim 9-23-99 President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #