06011999-90036-036-$61.25-$61.25

ANNUAL REPORT
1999

Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 01, 1999 8:00 am
Secretary of State
06-01-1999 90036 036 ****61.25

DOCUMENT # N98000002539

1. Corporation Name
KIWANIS CLUB OF WEST ORANGE, INC.

Principal Place of Business	Mailing Address
2110 E ROBINSON STREET ORLANDO FL 32803	2110 E ROBINSON STREET ORLANDO FL 32803

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	04/30/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7410531 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MAGILL, PATRICK M
2110 E ROBINSON STREET
ORLANDO FL 32803

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

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P/D	☒ Change ☐ Addition
NAME	GUNTER, KIMMY		1.2 NAME	EUGENE DOWLER	
STREET ADDRESS	7507 PONTVIEW CIR		1.3 STREET ADDRESS	1731 RACHEL'S RIDGE LOOP	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	OCOEE FL 34761	
TITLE	D	☒ DELETE	2.1 TITLE	D / V	☒ Change ☐ Addition
NAME	BALLANT, RYAN		2.2 NAME	HELEN PRYOR	
STREET ADDRESS	221 W TILDEN STREET		2.3 STREET ADDRESS	15840 217 HWY 50	
CITY-ST-ZIP	WINTER GARDEN FL 34787		2.4 CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	D	☒ DELETE	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	TAYLOR, DOUG		3.2 NAME	SHELIA A. BLANTON	
STREET ADDRESS	2415 LEILA LEE CT		3.3 STREET ADDRESS	2416 PIEDMONT LAKES BLVD	
CITY-ST-ZIP	OCOEE FL 34761		3.4 CITY-ST-ZIP	APOPKA FL 32703	
TITLE	D	☒ DELETE	4.1 TITLE	D/T	☒ Change ☐ Addition
NAME	COTHRAN, CLAUDIA		4.2 NAME	J. RYAN BALLANT	
STREET ADDRESS	5125 LAUREL HILL DR		4.3 STREET ADDRESS	221 W. TILDEN STREET	
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NOLTE, DENNIS		5.2 NAME		
STREET ADDRESS	1137 EDGEWATER DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED 6/2/99 (407) 894-1002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #