FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:02

DOCUMENT # 700220 (7)

1. Corporation Name
THE KIWANIS CLUB OF DUNEDIN, INC

Principal Place of Business	Mailing Address
3145 FIESTA DRIVE P.O. BOX 41 DUNEDIN FL 34697-7041	3145 FIESTA DRIVE P.O. BOX 41 DUNEDIN FL 34697-7041

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1959
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6168905 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GRIMES, JON W.
3145 FIESTA DRIVE
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	PD	1.1 TITLE	P/P/D	☒ Change ☐ Addition
NAME	NANDRAM, ROBERT	1.2 NAME	ROBERT NANDRAM	
STREET ADDRESS	3147 FIESTA DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	1.4 CITY-ST-ZIP		
TITLE	VD	2.1 TITLE	P/D	☒ Change ☐ Addition
NAME	ROD COLLMAN	2.2 NAME	COLLMAN, ROD	
STREET ADDRESS	54 VALENCIA ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	GLEASON, LAURANCE	3.2 NAME		
STREET ADDRESS	2412 SUMMERWOOD CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	3.4 CITY-ST-ZIP		
TITLE	PED	4.1 TITLE	PE/D	☒ Change ☐ Addition
NAME	MCMURDIE, BEVERLY	4.2 NAME	POWELL, RAYMOND	
STREET ADDRESS	1430 HEATHER RIDGE BLVD #107	4.3 STREET ADDRESS	P.O.Box 24494	
CITY-ST-ZIP	DUNEDIN FL	4.4 CITY-ST-ZIP	Tampa,Fl. 33623-4494	
TITLE	PPD	5.1 TITLE	V/D	☒ Change ☐ Addition
NAME	OSSIAN, ROBERT	5.2 NAME	KENNEDY, ALLAN	
STREET ADDRESS	1760 PINEHURST RD	5.3 STREET ADDRESS	2419 Summwerwood Court	
CITY-ST-ZIP	DUNEDIN FL	5.4 CITY-ST-ZIP	Dunedin, Fl. 34698	
TITLE	T	6.1 TITLE		☐ Change ☐ Addition
NAME	GRIMES, JON W.	6.2 NAME		
STREET ADDRESS	3145 FIESTA DR	6.3 STREET ADDRESS		
CITY-ST-ZIP	DUNEDIN FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Jon W. Grimes Jon W. Grimes, Treasurer 2-6-95 (813)734-3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (Optional) Phone #

0069540