

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 700220 (7)  
1. Corporation Name  
THE KIWANIS CLUB OF DUNEDIN, INC



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

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

3. Date Incorporated or Qualified 12/07/1959 3a. Date of Last Report 02/10/1995  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

TITLE PPD ☒ DELETE  
NAME NANDRAM, ROBERT  
STREET ADDRESS 3147 FIESTA DR  
CITY-ST-ZIP DUNEDIN FL  
TITLE PD ☐ DELETE  
NAME COLLMAN, ROD  
STREET ADDRESS 54 VALENCIA ROAD  
CITY-ST-ZIP DUNEDIN FL  
TITLE S ☐ DELETE  
NAME GLEASON, LAURANCE  
STREET ADDRESS 2412 SUMMERWOOD CT  
CITY-ST-ZIP DUNEDIN FL  
TITLE PED ☐ DELETE  
NAME POWELL, RAYMOND  
STREET ADDRESS P.O. BOX 24494  
CITY-ST-ZIP TAMPA FL  
TITLE VP ☐ DELETE  
NAME KENNEDY, ALLAN  
STREET ADDRESS 2419 SUMMERWOOD COURT  
CITY-ST-ZIP DUNEDIN FL  
TITLE T ☐ DELETE  
NAME GRIMES, JON W.  
STREET ADDRESS 3145 FIESTA DR  
CITY-ST-ZIP DUNEDIN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PPD ☒ Change ☐ Addition  
1.2 NAME COLLMAN, ROD  
1.3 STREET ADDRESS 54 Valencia Drive  
1.4 CITY-ST-ZIP Dunedin Fl. 34698  
2.1 TITLE VP ☒ Change ☐ Addition  
2.2 NAME Bragg, Tom  
2.3 STREET ADDRESS 3451 Lake Drive  
2.4 CITY-ST-ZIP Palm Harbor, Fl. 34683  
3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE PPD ☒ Change ☐ Addition  
5.2 NAME Kennedy, Allan  
5.3 STREET ADDRESS 2419 Summerwood Court  
5.4 CITY-ST-ZIP Dunedin, Fl. 34698  
6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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)(k), 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-96 813-734 3811  
Date Daytime Phone #

CR2E037 (12/95)