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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 P.O. BOX 41 DUNEDIN FL 34697-7041	3145 FIESTA DRIVE P.O. BOX 41 DUNEDIN FL 34697-7041

3. Date Incorporated or Qualified: 12/07/1959

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 PO Box 41	26 PO Box 41
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Dunedin, FL 34697	28 City & State: Dunedin, FL 34697
24 Zip / 25 Country	29 Zip / 30 Country

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: Laurance A. Gleason
82 Street Address (P.O. Box Number is Not Acceptable): 2412 Summerwood Court
83
84 City: Dunedin FL 85 Zip Code: 34698

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: Laurance A. Gleason — April 22, 1998
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLLMAN, ROD 54 VALENCIA DRIVE DUNEDIN FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED BRAGG, THOMAS 3451 LAKE DRIVE PALM HARBOR FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	PD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S GLEASON, LAURANCE 2412 SUMMERWOOD CT DUNEDIN FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S-T, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD POWELL, RAYMOND P.O. BOX 24494 N/A TAMPA FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PPD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PPD KENNEDY, ALLAN 2419 SUMMERWOOD COURT DUNEDIN FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Ast S-T, D	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIMES, JON W. 3145 FIESTA DR DUNEDIN FL	☒ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	PED Henry Hardin 116 Lake Shore Drive East Palm Harbor, FL 34684	☐ Change ☒ Addition

CR2E037 (10/97)

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.

SIGNATURE: Laurance A. Gleason, S-T — April 22, 1998
Laurance A. Gleason — 813 736 6918