2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State
03-04-2004 90001 041 ****61.25

DOCUMENT # 700220

1. Entity Name

THE KIWANIS CLUB OF DUNEDIN, INC

Principal Place of Business	Mailing Address
P O BOX 41 P.O. BOX 41 DUNEDIN FL 34697 US	P O BOX 41 P.O. BOX 41 DUNEDIN FL 34697 US

MOORE CR2E037 (11/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-6168905 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GLEASON, LAURANCE A
2412 SUMMERWOOD CT
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name BERNADETTE W. BEYE
Street Address (P.O. Box Number is Not Acceptable) 3123 BLUE HERON ST
City SAFETY HARBOR FL Zip Code 34695

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Bernadette W Beye, Secretary 2/11/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD NANDRAM, ROBERT 3147 FIESTA DR DUNEDIN FL 34698	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GLEASON, LAURANCE 2412 SUMMERWOOD CT DUNEDIN FL	☐ Delete	TITLE ASTD / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPD DEANE; SHEILA 2226 SNEAD AVE DUNEDIN FL 34698	☒ Delete	TITLE DPD / NAME KAREN R. BALSANEK / STREET ADDRESS 8811 LINE BROOK DR / CITY-ST-ZIP NEW PORT RICHEY, FL 34655	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ASTD KENNEDY, ALLAN 2419 SUMMERWOOD COURT DUNEDIN FL	☒ Delete	TITLE SD / NAME BERNADETTE W. BEYE / STREET ADDRESS 3123 BLUE HERON ST / CITY-ST-ZIP SAFETY HARBOR, FL 34695	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PED BALSANEK, KAREN R 265 COUNTRYSIDE KEY BLVD OLDSMAR FL 34677	☒ Delete	TITLE VD / NAME TOBI-ANN KRAVET / STREET ADDRESS 1441 SANTA ANNA DRIVE / CITY-ST-ZIP DUNEDIN, FL 34698	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BALSANEK, KAREN 8811 LINEBROOK DRIVE NEW PORT RICHEY FL 34655	☒ Delete	TITLE PD / NAME JEFF GAWEL / STREET ADDRESS 54 VALENCIA DRIVE / CITY-ST-ZIP DUNEDIN, FL 34698	☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Bernadette W Beye BERNADETTE W. BEYE 2/11/04 727-725-0324
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #