


FILE NOW: FILING FEE IS \$61.25

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**Feb 13 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 701962 (3)

1. Corporation Name
THE KIWANIS CLUB OF VENICE INC



Principal Place of Business 101 WEST VENICE AVE. STE. 10 VENICE FL 34285	Mailing Address 101 WEST VENICE AVE. STE. 10 VENICE FL 34285-1833
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3. Date Incorporated or Qualified 01/27/1961	3a. Date of Last Report 07/02/1996
4. FEI Number 59-6152218	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**TRAMMELL, THOMAS B
101 WEST VENICE AVE.
STE. 10
VENICE FL 34285-**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number Is Not Acceptable)	FL
83	
84 City	

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD <input type="checkbox"/> DELETE
NAME	WILSON, WILLIAM D
STREET ADDRESS	394 ROSSETTI
CITY-ST-ZIP	NOKOMIS FL 34275
TITLE	SD <input type="checkbox"/> DELETE
NAME	TRAMMELL, THOMAS B
STREET ADDRESS	418 GULF ST.
CITY-ST-ZIP	VENICE FL 34285
TITLE	D <input type="checkbox"/> DELETE
NAME	FULLER
STREET ADDRESS	101 W. VENICE AVE, SUITE 8
CITY-ST-ZIP	VENICE FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	VANDRWULP, SHARON S
STREET ADDRESS	1721 N GONDOLA COURT
CITY-ST-ZIP	VENICE FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	HARTLEY, MICHAEL T
STREET ADDRESS	520 VALENCIA RD.
CITY-ST-ZIP	VENICE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	ROSE, KENNETH B
STREET ADDRESS	1604 QUAIL LAKE DRIVE
CITY-ST-ZIP	VENICE FL 34282

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WILLSON, WILLIAM D
1.3 STREET ADDRESS	1515 S TAMIAMI TRL, STE 1
1.4 CITY-ST-ZIP	VENICE, FL 34292
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	FULLER, KENNETH S
3.3 STREET ADDRESS	VENICE FL 34285
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VANDERWULP, SHARON S
4.3 STREET ADDRESS	VENICE FL 34293
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	VENICE FL 34285
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	STEINER, ILENE
6.3 STREET ADDRESS	120 SHADY PINE LANE
6.4 CITY-ST-ZIP	NOKOMIS, FL 34275

14. I do 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: *Sharon S Vanderwulp* **SHARON S VANDERWULP** **1-16-97** **941-485-1571**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0084386

CR2E037 (9/96)