

SECOND NOTICE: ... AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED

98 NOV 19 AM 11:57

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		3. Date Incorporated or Qualified 01/27/1961	
2. Principal Place of Business 21 Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.		4. FEI Number 59-6152218	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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				82 Street Address (P.O. Box Number is Not Acceptable) 100002701821--5			
83				-12/03/98--01067--009			
84 City				****236.25 FL Zip Code 25			

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, hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE THOMAS B TRAMMELL (NOTE: Registered Agent signature required when reinstating) DATE 11/20/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	President / Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	WILSON, WILLIAM D		1.2 NAME	Bruce Kingsbury			
STREET ADDRESS	1515 S TAMiami TRAIL, SUITE 1		1.3 STREET ADDRESS	160 Pointe Loop Drive			
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP	Venice, FL 34293			
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	TRAMMELL, THOMAS B		2.2 NAME				
STREET ADDRESS	418 GULF ST.		2.3 STREET ADDRESS				
CITY-ST-ZIP	VENICE FL 34285		2.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FULLER, KENNETH S		3.2 NAME	William D. Willson			
STREET ADDRESS	101 W. VENICE AVE, SUITE 8		3.3 STREET ADDRESS	1515 S. Tamiami Trail, Suite 1			
CITY-ST-ZIP	VENICE FL		3.4 CITY-ST-ZIP	Venice, FL 34293			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP - Director	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	VANDERWULP, SHARON S		4.2 NAME	Thomas W. Fields			
STREET ADDRESS	1721 N GONDOLA COURT		4.3 STREET ADDRESS	6183 Palmer Blvd			
CITY-ST-ZIP	VENICE FL		4.4 CITY-ST-ZIP	Sarasota, FL			
TITLE	DT	<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HARTLEY, MICHAEL T		5.2 NAME				
STREET ADDRESS	520 VALENCIA RD.		5.3 STREET ADDRESS				
CITY-ST-ZIP	VENICE FL		5.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	STEINER, ILENE		6.2 NAME	Vanderwulp, Sharon S.			
STREET ADDRESS	120 SHADY PINE LANE		6.3 STREET ADDRESS	1721 N. Gondola Court			
CITY-ST-ZIP	NOKOMIS FL		6.4 CITY-ST-ZIP	Venice FL			

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: Sharon S. Vanderwulp, Director 10-12-98 941-485-1511
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sharon S. Vanderwulp

1001008

CR2E037 (5/98)