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02-25-1999 90057 050 ****61.25

Mailing Address

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713465

1. Corporation Name

Principal Diace of Business

KIWANIS CLUB OF WEST PASCO, NEW PORT RICHEY, FLO RIDA, INC.

T III Cipai i sace	o or Duamicaa		viciming i racinos									
6012 REDHAWK DR NEW PORT RICHEY FL 34655 US 6012 REDHAWK DR NEW PORT RICHEY FL 34655 US					i							
2. Principal P 21 Suite, Apt. 22 City & State 23 Zip		26 27 28	Suite, Apt. #, etc. City & State Zip		intry		5.	Date Incorporated or Qualifed 10/16/1967 FEI Number 59-6214634 Certificate of Status Desired Election Campaign Financing		\$8.75 Ac Fee Req \$5.00 A	uired May Be	
24	25	29	<u>1</u>	30				Trust Fund Contribution	D = =1=4====d	Added to	rees	
Name and Address of Current Registered Agent					81	Name	10.	Name and Address of New	<u> </u>	Agent		
HARTSHORNE, WALTER 6012 REDHAWK DR NEW PORT RICHEY FL 34655 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was authorize agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.						City NEW	Po a corporation's be	pard of directors. I hereby acce	FL	changing its r ntment as reg	egistered	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature re							Quired when	(PELL)	DATE	-11		
12. OFFICERS AND DIRECTORS								ADDITIONS/CHANGES TO O	FICERS AN		RS IN 12	
TITLE	Р		⊠ DELETE	1.1 Π	TLE.		3			Change	☐ Addition	
NAME	OSTEEN, RAYMO	ND		1.2 N	AME		PAUL	VOTINELLI				
STREET ADDRESS	2705 LAWN PLAC			1.3 S	TREET	ADDRESS	7921	LEIGHTON CIR	CLE	- 1		
CITY-ST-ZIP	HOLIDAY FL			1.4 C	ITY-ST	-ZIP	NEW	PORT RICHEY, FI	346	54		
TITLE	D		☐ DELETE	2.1 T	ITLE					Change	☐ Addition	
NAME	SPENCELEY, HEN	IRY		2.2 N	AME							
STREET ADDRESS				2.3 S	TREET	ADDRESS					Ì	
CITY-ST-ZIP	BAYONET POINT			2.40	ZTY-SI	T-ZIP						
TITLE	D		☐ DELETE	3.1 TI	MLE					☐ Change	☐ Addition	
NAME	DUFF. BILL			3.2 N	AME							

NEW PORT RICHEY FI.

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 trusted 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, with all other like empowered.

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

☐ DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS 1113 KAPOK CIRCLE

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

CLEARWATER FL

PENN, ROBERT

12438 LACEY DRIVE

IMBURGIA, JOSEPH

NEW PORT RICHEY FL

6507 SYCAMORE DRIVE

NEW PORT RICHEY FL

HARTSHORNE, WALTER

6012 REDHAWK DRIVE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

UIRED PAUL VOTINELLI 1-15.9°

Daytime Phone #

Change

Change

Change

☐ Addition

☐ Addition

Addition

CR2E037 (11/98