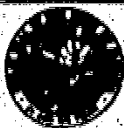


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 APR 25 AM 9:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 761545 (3)

1. Corporation Name

KIWANS CLUB OF PUNTA GORDA, INC.

Principal Place of Business

Mailing Address

813 CORDELE AVE.
PORT CHARLOTTE FL 33948-6309
US

813 CORDELE AVE.
PORT CHARLOTTE FL 33948-6309
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/20/1982	3a. Date of Last Report 05/01/1994
4. FEI Number 59-6211042	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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ 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	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARPENTER, BOB
813 CORDELE AVE.
% KIWANS CLUB OF PUNTA GORDA INC.
PORT CHARLOTTE FL 33948**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BARLIK, GERRY	1.2 NAME	BILL KLOSSNER
STREET ADDRESS	28335 COIAPPO CT	1.3 STREET ADDRESS	P.O. Box 838 (405 Scantler Sae)
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33951-0838
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, C RODNEY	2.2 NAME	D/V
STREET ADDRESS	1093 KENSINGTON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	NAYLOR, ROBERT C	3.2 NAME	
STREET ADDRESS	PO BOX 164	3.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	STRANG, ROBERT	4.2 NAME	D/V
STREET ADDRESS	11 OCEAN DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	FORD, R. DONALD	5.2 NAME	P
STREET ADDRESS	2165 VIA ESPLANADE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PUNTA GORDA FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	CARPENTER, BOB	6.2 NAME	
STREET ADDRESS	813 CORDELE AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Bob Carpenter **Bob Carpenter - Secretary** **4-19-95** **941/639-2720**
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #