FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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
KIWANIS 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

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26		
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CARPENTER, BOB 813 CORDELE AVE. % KIWANIS CLUB OF PUNTA GORDA INC. PORT CHARLOTTE FL 33948	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	D	☒ Change ☐ Addition
NAME	BARLIK, GERRY	1.2 NAME	BILL KLOSSNER	
STREET ADDRESS	26335 COPIAPO CT	1.3 STREET ADDRESS	P.O. BOX 938 (405 SCARLET SAGE)	
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL 33951-0838	
TITLE	D	2.1 TITLE	D/V	☐ Change ☐ Addition
NAME	TAYLOR, C RODNEY	2.2 NAME		
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	D/V	☒ Change ☐ Addition
NAME	STRANG, ROBERT	4.2 NAME		
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	P	☒ Change ☐ Addition
NAME	FORD, R. DONALD	5.2 NAME		
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)(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: Bob Carpenter Bob Carpenter - Secretary 4-19-95 941/639-2720
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — (PIA) Daytime Phone #

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