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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:19

DOCUMENT # 765014 (6)

1. Corporation Name
KIWANIS CLUB OF GULF COAST FOUNDATION, INC.

Principal Place of Business	Mailing Address
1817 SPRINGWOOD DR SARASOTA FL 34232	1817 SPRINGWOOD DR SARASOTA FL 34232

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/15/1982
3a. Date of Last Report: 02/02/1994
4. FEI Number: 59-2288747 ☐ 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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

PIPER JR., ROBERT H.
330 S. PINEAPPLE AVE., STE. 106
SARASOTA FL 34236

10. Name and Address of New Registered Agent

81 Name: ALEXANDER TSCHUMAKOW
82 Street Address (P.O. Box Number is Not Acceptable): 1817 SPRINGWOOD DR.
83
84 City: SARASOTA FL 85 Zip Code: 34232

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. Each 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	VP	11 TITLE	VP	☒ Change ☐ Addition
NAME	DICKINSON, JEFF	12 NAME	AL FRANKLIN	
STREET ADDRESS	1515-8 OSPREY AVE	13 STREET ADDRESS	5215 TAMIAMI TL	
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	S	21 TITLE		☐ Change ☐ Addition
NAME	BAILEY, KENNETH J.	22 NAME		
STREET ADDRESS	1387 HARBOR DRIVE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	P	31 TITLE	D	☒ Change ☐ Addition
NAME	FIELD, RICHARD J.	32 NAME		
STREET ADDRESS	1545 SHADOW RIDGE CIRCLE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOT FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE	T,D	☒ Change ☐ Addition
NAME	PITTENGER, KEITH	42 NAME		
STREET ADDRESS	4566 STAIN LEAF LANE	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	SMITH, MORRIS	52 NAME		
STREET ADDRESS	22 SOUTH TUTTLE AVE.	53 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	54 CITY-ST-ZIP		
TITLE	T	61 TITLE	President	☒ Change ☐ Addition
NAME	PIPER, ROBERT H. JR.	62 NAME	Delete JAY GOODWILL	
STREET ADDRESS	330 SOUTH PINEAPPLE AVE.	63 STREET ADDRESS	1605 MAIN ST. # 1010	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34236	

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: Keith A. Pittenger Keith A. Pittenger 03/27/1995 (813) 366-4450
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083380