

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 14 PM 2:19

DOCUMENT # **N36040** (6)
1. Corporation Name
KIWANIS CLUB OF PALMETTO, INC.

Principal Place of Business Mailing Address
P O BOX 62 PALMETTO FL 34222 P O BOX 62 PALMETTO FL 34222

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/05/1990	3a. Date of Last Report 04/12/1994
4. FEI Number 59-0559505	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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
GAY, JACK
3424 U.S. HWY 301 NORTH
ELLENTON FL 34222

10. Name and Address of New Registered Agent

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 the filer (application) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P POLANSKI, PAUL 4113 97TH AVE., E. PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V BROWN, TOM 1521 21 AVENUE W. BRADENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RUSCOE, PETER 7807 1ST AVE W BRADENTON FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GEISLER, KEVIN 3514 8TH AVE W PALMETTO FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D RHOADS, CHARLES LANTANA CIRCLE PARRISH FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KOECK, JOHN P O BOX 6224 NA TERRA CEIA SC 24

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP	P TOM BROWN 602 67th St. NW Bradenton, FL 34209 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP	V PETER VOICE JR 5111 67th FULT RD PARRISH FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP	D BRIAN BROWN 4705 9TH ST E ELLENTON - FL 34222 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY - ST - ZIP	D GEORGE S. HANSEN 5111 Oxford Rd PARRISH, FL 34219 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(b), 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: *Kevin W. Geisler* **KEVIN W. GEISLER** 2/7/95 812 361-2128
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR