

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Feb 05 1997 8:00am  
Secretary of State**

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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

**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 34220-0062 US**

3. Date Incorporated or Qualified **01/05/1990** 3a. Date of Last Report **02/14/1996**

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

4. FEI Number **59-0559505** 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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

8. Name and Address of Current Registered Agent  
**DENNIS, JOANNE D  
822 35 AVENUE DRIVE WEST  
PALMETTO FL 34221**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BROWN, TOM</b>	
STREET ADDRESS	<b>602 67TH ST NW</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>VOLE, PETER</b>	
STREET ADDRESS	<b>5111 OXFORD RD</b>	
CITY-ST-ZIP	<b>PARKISH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>RUSCOE, PETER</b>	
STREET ADDRESS	<b>7807 1ST AVE W</b>	
CITY-ST-ZIP	<b>BRADENTON FL</b>	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>GEISLER, KEVIN</b>	
STREET ADDRESS	<b>3514 6TH AVE W</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>DENNIS, JOANNE D</b>	
STREET ADDRESS	<b>822 35 AVENUE DRIVE WEST</b>	
CITY-ST-ZIP	<b>PALMETTO FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HANSEN, GEORGE J</b>	
STREET ADDRESS	<b>5111 OXFORD RD</b>	
CITY-ST-ZIP	<b>PARRISH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<b>President</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Kevin Geisler</b>	
1.3 STREET ADDRESS	<b>3514 6th Av. W</b>	
1.4 CITY-ST-ZIP	<b>Palmetto, FL. 34221</b>	
2.1 TITLE	<b>vice president</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Bill Marshall</b>	
2.3 STREET ADDRESS	<b>7606 52nd Ter. E</b>	
2.4 CITY-ST-ZIP	<b>Bradenton, FL. 34203</b>	
3.1 TITLE	<b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Kristi Herrin</b>	
3.3 STREET ADDRESS	<b>1314 5th St W</b>	
3.4 CITY-ST-ZIP	<b>Palmetto, FL. 34221</b>	
4.1 TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Sandy Harmon</b>	
4.3 STREET ADDRESS	<b>609 19th Av. W</b>	
4.4 CITY-ST-ZIP	<b>Palmetto, FL. 34221</b>	
5.1 TITLE	<b>(SAME)</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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 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: *Sandra B. Mortham* **Sandra B. Mortham** **Treas.** **1/25/97** **941-746-9071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR/ Date Daytime Phone # **0062201**

CR2E037 (9/96)