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**Feb 23, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N36040

1. Corporation Name

KIWANIS CLUB OF PALMETTO, INC.

Principal Place of Business

P O BOX 62  
 PALMETTO FL 34222

Mailing Address

P O BOX 62  
 PALMETTO FL 34220  
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/05/1990	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-0559505	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
25	Country	30	Country	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GEISLER, KEVIN W  
 3514 6TH AVE W  
 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
85	Zip Code

**FL**

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

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	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARSHALL, BILL	1.2 NAME	MCGUINIS, PATRICK
STREET ADDRESS	7606 52ND TER E	1.3 STREET ADDRESS	1135 MILL RUN E.
CITY-ST-ZIP	BRADENTON FL	1.4 CITY-ST-ZIP	BRADENTON, FL 34202
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WINTERS, JOHN	2.2 NAME	
STREET ADDRESS	5203 WOODLAND CIR W	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALMETTO FL 34221	2.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISLER, DAVID	3.2 NAME	GEISLER, KEVIN
STREET ADDRESS	609 19TH AVE W	3.3 STREET ADDRESS	3514 6TH AVE W
CITY-ST-ZIP	PALMETTO FL	3.4 CITY-ST-ZIP	PALMETTO, FL 34221
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Y.P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEISLER, KEVIN	4.2 NAME	VOLE KIM
STREET ADDRESS	3514 6TH AVE W	4.3 STREET ADDRESS	5111 OXFORD RD.
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP	PARRISH, FL 34219
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGUINIS, PATRICK	5.2 NAME	JABLONSKI FRANKLIN
STREET ADDRESS	822 35 AVENUE DRIVE WEST	5.3 STREET ADDRESS	503 PENNYROYAL PLACE
CITY-ST-ZIP	PALMETTO FL	5.4 CITY-ST-ZIP	VENICE FL 34293
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	JOHNSON, ELAINE
STREET ADDRESS		6.3 STREET ADDRESS	4912 BAY STATE RD
CITY-ST-ZIP		6.4 CITY-ST-ZIP	PALMETTO, FL 34221

14. I 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, with all other like empowered.

SIGNATURE: *John E. Winters*  
 JOHN E. WINTERS, SECRETARY

1-19-99 941-729-7259

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)