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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # N38793

1. Corporation Name

KIWANIS OF THE NATURE COAST, SPRING HILL, FLORIDA, INC.

Principal Place of Business

P.O. BOX 3218  
 SPRING HILL FL 34611-3218  
 US

Mailing Address

P.O. BOX 3218  
 SPRING HILL FL 34611-3218  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

06/22/1990

4. FEI Number  
 59-2982323

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

9. Name and Address of Current Registered Agent

NESSLER, PAUL J  
 4052 COMMERCIAL WAY  
 SUITE 4  
 SPRING HILL FL 34606

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D  DELETE  
 NAME CZUKA, MIKE  
 STREET ADDRESS 13346 LACASITA AVE  
 CITY-ST-ZIP SPRING HILL FL

TITLE PE  DELETE  
 NAME DODGE, DOT  
 STREET ADDRESS 3351 MANGROVE DR  
 CITY-ST-ZIP HERNANDO BCH FL 34607

TITLE T  DELETE  
 NAME GATES, GLEE  
 STREET ADDRESS 12239 GLEN HAVEN ST  
 CITY-ST-ZIP SPRING HILL FL 34609

TITLE D  DELETE  
 NAME JONES, JIM  
 STREET ADDRESS 10147  
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE D  DELETE  
 NAME WASHINGTON, MARVIN  
 STREET ADDRESS 164 OAK LAKE DR  
 CITY-ST-ZIP SPRING HILL FL 34608

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE S/D  Change  Addition  
 1.2 NAME Csuka, Michael  
 1.3 STREET ADDRESS 13346 LaCasita Ave  
 1.4 CITY-ST-ZIP Spring Hill, FL 34609

2.1 TITLE P/D  Change  Addition  
 2.2 NAME Dodge, Dot  
 2.3 STREET ADDRESS 3351 Mangrove Dr.  
 2.4 CITY-ST-ZIP Hernando Beach, FL 34607

3.1 TITLE T/D  Change  Addition  
 3.2 NAME Dodge, Bruce  
 3.3 STREET ADDRESS 3351 Mangrove Dr.  
 3.4 CITY-ST-ZIP Hernando Beach, FL 34607

4.1 TITLE V/D  Change  Addition  
 4.2 NAME Moore, Scott  
 4.3 STREET ADDRESS 1263 Venetia Dr.  
 4.4 CITY-ST-ZIP Spring Hill, FL 34608

5.1 TITLE D  Change  Addition  
 5.2 NAME Lichowic, Dennis  
 5.3 STREET ADDRESS 5915 Sea Ranch Dr #401  
 5.4 CITY-ST-ZIP Hudson, FL 34667

6.1 TITLE D  Change  Addition  
 6.2 NAME Aten, Jim  
 6.3 STREET ADDRESS 1195 Battersea Ave  
 6.4 CITY-ST-ZIP Spring Hill, FL 34609

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:

*SMENAQUIE* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

(352) 796-3588

Daytime Phone #

CR2E037 (1/98)