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NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

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DOCUMENT # N42756 (9)

1. Corporation Name
**KIWANIS CLUB OF PELICAN BAY, NAPLES, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| P O BOX 9455<br>NAPLES FL 33941 | P O BOX 9455<br>NAPLES FL 33941 |

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

| | |
|---|---|
| 3. Date Incorporated or Qualified<br>03/18/1991 | 3a. Date of Last Report<br>05/01/1995 |
| 4. FEI Number<br>65-0276336 | ☐ Applied For<br>☐ 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 | |

**9. Name and Address of Current Registered Agent**

FRANCHINO & RAWSON , P. A.
1250 TAMIAMI TRAIL NORTH #302
NAPLES FL 33940

**10. Name and Address of New Registered Agent**

81 Name: ARLENE F. AUSTIN
82 Street Address (P.O. Box Number is Not Acceptable): 1036 Lake Shore Ct.
83 Naples, FL.
84 City: FL 85 Zip Code: 33940

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: Arlene F. Austin 03/13/96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>GAYLE, DENNIS<br>233 BACTUS RD DR<br>NAPLES FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PD<br>[redacted] PHILBIN, PATRICK<br>550 GABRIEL CIR #2<br>NAPLES, FL. 33 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>BELLEFATTO, PAUL<br>356 VALLEY STREAM CIR.<br>NAPLES FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | VD<br>OWENS, TIMOTHY<br>150 PEBBLE SHORE DR. #106<br>NAPLES, FL. 33942 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SD<br>COPELAND, RICHARD<br>6982 GREENTREE DR.<br>NAPLES FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | TD<br>ARMSTRONG, CAROLE<br>2765 LEEWARD LN<br>NAPLES FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Same |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>WRIGHT, DALE<br>838 98TH AVE N<br>NAPLES FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | D<br>GUDRNECHT, KAREN<br>164 BEACH DR, #6<br>NAPLES FL. 33942 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>CONNELLY, DENNIS<br>2758 FOUNTAINVIEW #104<br>NAPLES FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | [redacted] Arlene Austin<br>1036 Lake Shore Ct.<br>Naples, FL. 33940 |

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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)(k), 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:** [signature] 3/20/96 (941) 263-7747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

RICHARD L. COPELAND CLUB SECRETARY

AEB 5-1-96