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Jan 27 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 # N50977 (0)

1. Corporation Name
KWANIS CLUB OF PROGRESSIVE SARASOTA, INC.



Principal Place of Business Mailing Address
~~1550 RINGLING BLVD.~~ ~~1550 RINGLING BLVD.~~
~~SARASOTA FL 34230~~ ~~SARASOTA FL 34230-0719~~

3. Date Incorporated or Qualified 09/23/1992 3a. Date of Last Report 01/25/1996

2. Principal Place of Business 2a. Mailing Address
21 200 S. ORANGE AVE 26 200 S. ORANGE AVE
Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number 65-0340815 Applied For Not Applicable

22 City & State 27 City & State
23 SARASOTA FL 28 Sarasota FL

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
24 34236 25 USA 29 34236-0749 30 USA

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

10. Name and Address of New Registered Agent

MOORE, JOHN L.
200 S. ORANGE AVE.
~~1550 RINGLING BLVD.~~
SARASOTA FL 34236

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE WILDS, RON	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2328 N. WASHINGTON BLVD	1.2 NAME	
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE SADLO, WILLIAM	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	3100 FRUITVILLE RD	2.2 NAME	
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE ALLAN, MISLINE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	6159 CANDLEWOOD WAY	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE MENCHINGER, THOMAS A.	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	4316 ARDALE ST	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE MOORE, JOHN L.	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	200 S. ORANGE AVE.	5.2 NAME	
STREET ADDRESS	SARASOTA FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE KAZOR, CHRIS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	501 N. BENEVA RD. SUITE 550	6.2 NAME	
STREET ADDRESS	SARASOTA FL	6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *John L. Moore* 1/13/96 941 329 6620
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0081081

CR2E037 (9/96)