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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50977

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

Principal Place of Business 200 S ORANGE AVE SARASOTA FL 34236 US	Mailing Address 200 E ORANGE AVE SARASOTA FL 34236 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/23/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0340815
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/>
	Zip 29	Country 30
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

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

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	D	<input checked="" type="checkbox"/> DELETE
NAME	WILDS, RON	
STREET ADDRESS	2328 N. WASHINGTON BLVD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SADLO, WILLIAM	
STREET ADDRESS	3100 FRUITVILLE RD	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ALLAN, MISLINE	
STREET ADDRESS	6159 CANDLEWOOD WAY	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENCHINGER, THOMAS A.	
STREET ADDRESS	4316 ARDALE ST	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOORE, JOHN L.	
STREET ADDRESS	200 S. ORANGE AVE.	
CITY-ST-ZIP	SARASOTA FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KAZOR, CHRIS	
STREET ADDRESS	501 N. BENEVA RD. SUITE 550	
CITY-ST-ZIP	SARASOTA FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Wilds, Cindy	
1.3 STREET ADDRESS	2328 N. Washington Blvd	
1.4 CITY-ST-ZIP	Sarasota FL	
2.1 TITLE	President-Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	LYNN TRAMMELL	
2.3 STREET ADDRESS	4035 S. School Ave #A8	
2.4 CITY-ST-ZIP	Sarasota FL 34231	
3.1 TITLE	KATHY COLLUMS Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	KATHY COLLUMS	
3.3 STREET ADDRESS	4541 Charming Cross Rd	
3.4 CITY-ST-ZIP	Sarasota FL 34231	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<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 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: Thomas A. Menchinger **REQUIRED** 4/28/99 941-366-5816
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)