

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 701962

**FILED**  
**Jan 17, 2021**  
**Secretary of State**  
**2112786137CC**

**Entity Name:** THE KIWANIS CLUB OF VENICE INC

**Current Principal Place of Business:**

418 GULF STREET  
VENICE, FL 34285

**Current Mailing Address:**

418 GULF STREET  
VENICE, FL 34285 US

**FEI Number:** 59-6152218

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRAMMELL, THOMAS B  
418 GULF STREET  
VENICE, FL 34285 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title           TREASURER  
Name           TRAMMELL, THOMAS B  
Address        418 GULF ST.  
City-State-Zip: VENICE FL 34285

Title           PRESIDENT  
Name           MOWERY, FRANK  
Address        233 SOUTH TAMIAMI TRAIL  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           MILLER, BEVERLY  
Address        1217 GAYLE AVE  
City-State-Zip: NOKOMIS FL 34275

Title           DIRECTOR  
Name           MOORE, JAN  
Address        409 KUNZE RD.  
City-State-Zip: VENICE FL 34292

Title           DIR, DIRECTOR  
Name           BLOOM, NATALIE  
Address        3533 N. VILLAGE CT.  
City-State-Zip: SARASOTA FL 34231

Title           DIRECTOR  
Name           MOORE, ROBERT  
Address        409 KUNZE RD.  
City-State-Zip: VENICE FL 34275

Title           SECRETARY  
Name           MAISON, JOAN  
Address        1386 STILLWATER DR.  
City-State-Zip: VENICE FL

Title           DIRECTOR  
Name           FRANCK, ERNIE  
Address        1211 CAPRI ISLE BLVD.  
                  APT. 72  
City-State-Zip: VENICE FL 34292

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** THOMAS B. TRAMMELL

**TREASURER**

**01/17/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           WALKER, SCOTT  
Address        262 MIAMI AVE WEST  
City-State-Zip: VENICE FL 34285

Title           DIRECTOR  
Name           MALLOY, KATIE  
Address        225 MORNINGSIDE ROAD  
City-State-Zip: VENICE FL 34293-3221