# 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT DOCUMENT# 701962

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

### Name and Address of Current Registered Agent:

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

### Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Onicendirec					
Title	TREASURER	Title	DIRECTOR		
Name	TRAMMELL, THOMAS B	Name	MILLER, ADAM		
Address	418 GULF ST.	Address	218 HARBOR DRIVE S.		
City-State-Zip:	VENICE FL 34285	City-State-Zip:	VENICE FL 34285		
Title	SECRETARY	Title	DIRECTOR		
Name	MILLER, BEVERLY	Name	MOORE, JAN		
Address	1217 GAYLE AVE	Address	409 KUNZE RD.		
City-State-Zip:	NOKOMIS FL 34275	City-State-Zip:	VENICE FL 34292		
		<b>T</b> '4.	DIDECTOR		
Title	DIR, DIRECTOR	Title	DIRECTOR		
Name	BLOOM, NATALIE	Name	MOORE, ROBERT		
Address	3533 N. VILLAGE CT.	Address	409 KUNZE RD.		
City-State-Zip:	SARASOTA FL 34231	City-State-Zip:	VENICE FL 34275		
		Title	DIRECTOR		
Title	VP				
Name	MAISON, JOAN	Name	FRANCK, ERNIE		
Address	1386 STILLWATER DR.	Address	1211CAPRI ISLES BLVD., UNIT #30		
City-State-Zip:	VENICE FL	City-State-Zip:	VENICE FL 34292		

### Continues on page 2

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

04/19/2017

Electronic Signature of Signing Officer/Director Detail

Date

# FILED Apr 19, 2017 Secretary of State CC4124173221

Date

### **Officer/Director Detail Continued :**

Title	PRESIDENT
Name	KATHLEEN MALLOY
Address	225 MORNINGSIDE ROAD
City-State-Zip:	VENICE FL 34293