

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Feb 07, 2024  
Secretary of State  
7629276886CC**

DOCUMENT# N36040

**Entity Name:** KIWANIS CLUB OF NORTH MANATEE, INC.

**Current Principal Place of Business:**

5550 26TH ST W, STE 1  
BRADENTON, FL 34207

**Current Mailing Address:**

P O BOX 62  
PALMETTO, FL 34220 US

**FEI Number:** 59-0559505

**Certificate of Status Desired:** No

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

GEISLER, KEVIN W  
5550 26TH ST W., STE1  
BRADENTON, FL 34207 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           RUSCOE, PETER  
Address        7807 FIRST AVE W  
City-State-Zip: BRADENTON FL 34209

Title           DIRECTOR  
Name           STEPHENS, JOHN  
Address        1020 10TH AVE W STE 69  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           JOHNSON, ELAINE  
Address        2203 58TH ST E  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           ELIASON, JIM  
Address        1572 AMBERWYND CIR  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           LUBRANO, MICHAEL  
Address        4223 77TH ST E  
City-State-Zip: PALMETTO FL 34221

Title           DIRECTOR  
Name           RODRIGUEZ, ROGER  
Address        8752 28TH STREET CIRCLE E  
City-State-Zip: PARRISH FL 34219

Title           SECRETARY  
Name           MCNULTY, DEBRA  
Address        7222 49TH PL E  
City-State-Zip: PALMETTO FL 34221

Title           VP  
Name           BRISLEY, BARBARA  
Address        5004 72ND ST E  
City-State-Zip: BRADENTON FL 34203

**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: PETER RUSCOE**

**TREASURER**

**02/07/2024**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title            PRESIDENT-ELECT  
Name            BROWN, BRIAN  
Address        4705 9TH ST E  
City-State-Zip: ELLENTON FL 34220

Title            DIRECTOR  
Name            AHIER, GORDON  
Address        6521 121ST AVE E  
City-State-Zip: PARRISH FL 34219

Title            PRESIDENT  
Name            TOWNSLEY, KRIS  
Address        504 18TH AVE W  
City-State-Zip: PALMETTO FL 34221