

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90229 028 \*\*\*\*61.25

**DOCUMENT # 701234**

1. Entity Name

**THE KIWANIS CLUB OF SUNSHINE CITY, ST. PETERSBURG, FLORIDA, INC.**



Principal Place of Business

**1850 CASTLE WOOD DRIVE  
CLEARWATER FL 33759  
US**

Mailing Address

**1850 CASTLE WOOD DRIVE  
CLEARWATER FL 33759  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1003135**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAMM, JOHN L JR  
1850 CASTLE WOOD DRIVE  
CLEARWATER FL 33759**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>KNOWLES, DON C</b>            |                                 |
| STREET ADDRESS | <b>418 MYAKKA CT NE</b>          |                                 |
| CITY-ST-ZIP    | <b>SAINT PETERSBURG FL 33702</b> |                                 |
| TITLE          | <b>VD</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>WATSON, RAY M</b>             |                                 |
| STREET ADDRESS | <b>1355 PINELLAS BAYWAY, #34</b> |                                 |
| CITY-ST-ZIP    | <b>SAINT PETERSBURG FL 33715</b> |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>ALDERMAN, KENNETH P</b>       |                                 |
| STREET ADDRESS | <b>1720 GEORGIA AVE., NE</b>     |                                 |
| CITY-ST-ZIP    | <b>ST PETERSBURG FL 33703</b>    |                                 |
| TITLE          | <b>STD</b>                       | <input type="checkbox"/> Delete |
| NAME           | <b>HAMM, JOHN L</b>              |                                 |
| STREET ADDRESS | <b>1850 CASTLE WOOD DRIVE</b>    |                                 |
| CITY-ST-ZIP    | <b>CLEARWATER FL 33759</b>       |                                 |
| TITLE          | <b>D</b>                         | <input type="checkbox"/> Delete |
| NAME           | <b>LUSTY, BETTY</b>              |                                 |
| STREET ADDRESS | <b>8142 CAUSEWAY BLVD S</b>      |                                 |
| CITY-ST-ZIP    | <b>ST. PETERSBURG FL</b>         |                                 |
| TITLE          | <b>PD</b>                        | <input type="checkbox"/> Delete |
| NAME           | <b>STRAWN, ELTON E</b>           |                                 |
| STREET ADDRESS | <b>8623 -15TH WAY N</b>          |                                 |
| CITY-ST-ZIP    | <b>SAINT PETERSBURG FL 33702</b> |                                 |

|                |           |  |
|----------------|-----------|--|
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          | <b>PD</b> | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          |           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |
| TITLE          | <b>D</b>  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |           |  |
| STREET ADDRESS |           |  |
| CITY-ST-ZIP    |           |  |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: John L. Hamm, Jr., S/T

4/22/03

(727) 545-3815

CR2E037 (10/02)