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Apr 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **703310** (3)
1. Corporation Name
KIWANIS CLUB OF BRADENTON-DESOTO, FLORIDA, INC.



Principal Place of Business 26 T. BAYSHORE WINDMILL VILLAGE 603 63RD AVENUE WEST BRADENTON FL 34207	Mailing Address LESLIE MCRAE 3008 KIWI PLACE ELLENTON FL 34222-4330
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3. Date Incorporated or Qualified 12/11/1961	3a. Date of Last Report 03/05/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 59-6168897 Applied For <input type="checkbox"/> Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SKARRITT, DONALD H.
26 T^h AVENUE
BAYSHORE WINDMILL VILLAGE
BRADENTON FL 34207**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VP	<input type="checkbox"/> DELETE
NAME	SCOTT, MARY JANE	
STREET ADDRESS	#1 POINT PLEASANT, 210 17TH ST., NW	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCRAE, LESLIE	
STREET ADDRESS	3008 KIWI PL	
CITY-ST-ZIP	ELLENTON FL	
TITLE	ST	<input checked="" type="checkbox"/> DELETE
NAME	SKARRITT, DONALD H.	
STREET ADDRESS	603 W. 63RD, #26 T.	
CITY-ST-ZIP	BRADENTON FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	NOCK, EDWARD A	
STREET ADDRESS	3932 64TH ST WEST	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KITZMILLER, ROBERT	
STREET ADDRESS	1812 76TH ST. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TILLIS, THEODORE	
STREET ADDRESS	3101 9TH AVENUE DR. E.	
CITY-ST-ZIP	PALMETTO FL 34221	

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SCOTT, MARY JANE	
1.3 STREET ADDRESS	5040-A RIVERFRONT DR.	
1.4 CITY-ST-ZIP	BRADENTON, FLORIDA 34208	
2.1 TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MCRAE, LESLIE	
2.3 STREET ADDRESS	3008 KIWI PL.	
2.4 CITY-ST-ZIP	Ellenton, Florida 34222-4330	
3.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SMITH, CLAYTON L.	
3.3 STREET ADDRESS	19 MEADOWLARK CIR.	
3.4 CITY-ST-ZIP	ELLENTON, FLORIDA 34222-4237	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	NOCK, EDWARD A.	
4.3 STREET ADDRESS	2932 64TH ST. WEST	
4.4 CITY-ST-ZIP	BRADENTON, FLORIDA 34209-7417	
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 do 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.

SIGNATURE:

Clayton L. Smith CLAYTON L. SMITH 3/26/97 (941) 722-2872

CR2E037 (9/96)