

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 29 1998 8:00am
Secretary of State

001078

DOCUMENT # 703310 (3)

1. Corporation Name

KIWANIS CLUB OF BRADENTON-DESOTO, FLORIDA, INC.



Principal Place of Business

Mailing Address

26 T. BAYSHORE WINDMILL VILLAGE
603 63RD AVENUE WEST
BRADENTON FL 34207

LESLIE MCRAE
~~3008 KIWI PLACE~~
~~ELLINGTON FL 34222~~

3. Date Incorporated or Qualified

12/11/1961

4. FEI Number

59-6168897

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 1228 56TH ST. W.

22 City & State

27 Suite, Apt. #, etc.

23 Zip

Country

28 BRADENTON, FL.

24 Zip

Country

29 34209-4703 30 U.S.A.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

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

TITLE	P	DELETE
NAME	SCOTT, MARY JANE	
STREET ADDRESS	5048 RIVERFRONT DR	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	DELETE
NAME	MCRAE, LESLIE	
STREET ADDRESS	3008 KIWI PL	
CITY-ST-ZIP	ELLINGTON FL	
TITLE	T	DELETE
NAME	SMITH, CLAYTON L	
STREET ADDRESS	19 MEADOWLARK CIR	
CITY-ST-ZIP	ELLINGTON FL	
TITLE	D	DELETE
NAME	NOCK, EDWARD A	
STREET ADDRESS	2932 64TH STREET WEST	
CITY-ST-ZIP	BRADENTON FL	
TITLE	D	DELETE
NAME	KITZMILLER, ROBERT	
STREET ADDRESS	1812 76TH ST. N.W.	
CITY-ST-ZIP	BRADENTON FL 34209	
TITLE	D	DELETE
NAME	TILLIS, THEODORE	
STREET ADDRESS	3101 9TH AVENUE DR. E.	
CITY-ST-ZIP	PALMETTO FL 34221	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	-P	Change	<input type="checkbox"/>	Addition
1.2 NAME	(NA)			
1.3 STREET ADDRESS				
1.4 CITY-ST-ZIP				
2.1 TITLE		Change	<input type="checkbox"/>	Addition
2.2 NAME				
2.3 STREET ADDRESS				
2.4 CITY-ST-ZIP				
3.1 TITLE		Change	<input type="checkbox"/>	Addition
3.2 NAME				
3.3 STREET ADDRESS				
3.4 CITY-ST-ZIP				
4.1 TITLE		Change	<input type="checkbox"/>	Addition
4.2 NAME				
4.3 STREET ADDRESS				
4.4 CITY-ST-ZIP				
5.1 TITLE		Change	<input type="checkbox"/>	Addition
5.2 NAME				
5.3 STREET ADDRESS				
5.4 CITY-ST-ZIP				
6.1 TITLE		Change	<input type="checkbox"/>	Addition
6.2 NAME				
6.3 STREET ADDRESS				
6.4 CITY-ST-ZIP				

14. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)