

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JAN 30 AM 9:11

DOCUMENT # 703680 (9)

1. Corporation Name

KIWANIS CLUB OF SOUTH SARASOTA, INC.

Principal Place of Business

Mailing Address

2209 CIRCLEWOOD DR.
SARASOTA FL 34231

2209 CIRCLEWOOD DR.
SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/07/1962** 3a. Date of Last Report **02/21/1994**

4. FEI Number **59-6168946** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 Zip Country

29 Zip Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

O'HARA, RUSSELL P.
2209 CIRCLEWOOD DR.
SARASOTA FL 34231

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 607.0502 and 607.1508, 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 607.0505, 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 PD
NAME DEVINE, CHARLES
STREET ADDRESS 3371 - 17TH ST.
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PD Change Addition
1.2 NAME KILBURN, DR. ROBERT
1.3 STREET ADDRESS 4728 OAKHILL COURT
1.4 CITY-ST-ZIP SARASOTA, FL

TITLE VD
NAME KILBURN, DR. ROBERT
STREET ADDRESS 4728 OAKHILL COURT
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD Change Addition
2.2 NAME DESJARLAIS, MARY LYNN
2.3 STREET ADDRESS 4799 DOVE TAIL CT.
2.4 CITY-ST-ZIP SARASOTA, FL

TITLE SD
NAME SCHERTLE, FRANK
STREET ADDRESS 7515 STARFISH LANE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD
NAME O'HARA, RUSSELL
STREET ADDRESS 2209 CIRCLEWOOD DRIVE
CITY-ST-ZIP SARASOTA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as an attachment with an address.

SIGNATURE: *Russell P. O'Hara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Russell P. O'Hara

Treasurer 1/23/95 (813) 922-3921
Date (Signature) Name