

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 703680 (9)

1. Corporation Name
KIWANIS CLUB OF SOUTH SARASOTA, INC.



Principal Place of Business: 2209 CIRCLEWOOD DR. SARASOTA FL 34231
Mailing Address: 2209 CIRCLEWOOD DR. SARASOTA FL 34231

3. Date Incorporated or Qualified: 03/07/1962
3a. Date of Last Report: 01/30/1995

21	2. Principal Place of Business	2a. Mailing Address	26	4. FEI Number	59-6168946	Applied For	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	27	5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
23	City & State	City & State	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
24	Zip	Country	29	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/>	Yes <input type="checkbox"/> No	
			30				

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD KILBURN, DR. ROBERT	1.1 TITLE	P/D DESJARLAIS, MARY LYNN
NAME	4728 OAKHILL COURT	1.2 NAME	4799 Dove Tail Ct.
STREET ADDRESS	SARASOTA FL	1.3 STREET ADDRESS	Sarasota, FL
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD DESJARLAIS, MARY LYNN	2.1 TITLE	V/D CRENSHAW, JUDI
NAME	4799 DOVE TAIL CT.	2.2 NAME	6551 Gulfgate Place
STREET ADDRESS	SARASOTA FL	2.3 STREET ADDRESS	Sarasota, FL
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	SD SCHERTLE, FRANK	3.1 TITLE	
NAME	7515 STARFISH LANE	3.2 NAME	
STREET ADDRESS	SARASOTA FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD O'HARA, RUSSELL	4.1 TITLE	
NAME	2209 CIRCLEWOOD DRIVE	4.2 NAME	
STREET ADDRESS	SARASOTA FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 119.07(3)(k), 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: _____ 2/20/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)