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Jan 30 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 # 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 34231-5740
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21 2. Principal Place of Business	22 Suite, Apt. #, etc.	23 City & State	24 Zip	25 Country	26 2a. Mailing Address	27 Suite, Apt. #, etc.	28 City & State	29 Zip	30 Country
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3. Date Incorporated or Qualified 03/07/1962	3a. Date of Last Report 02/26/1996
4. FEI Number 59-6168946	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 type="checkbox"/> No	

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 _____ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DESJARLAIS, MARY LYNN	
STREET ADDRESS	4799 DOVE TAIL CT	
CITY-ST-ZIP	SARASOTA FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CRENSHAW, JUDI	
STREET ADDRESS	6551 GULFGATE PLACE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SCHERTLE, FRANK	
STREET ADDRESS	7515 STARFISH LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	O'HARA, RUSSELL	
STREET ADDRESS	2209 CIRCLEWOOD DRIVE	
CITY-ST-ZIP	SARASOTA FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CRENSHAW, JUDI	
1.3 STREET ADDRESS	6551 GULF GATE PLACE	
1.4 CITY-ST-ZIP	SARASOTA FL	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RUF, THOMAS	
2.3 STREET ADDRESS	5637 BENTIVA WOODS CIRCLE	
2.4 CITY-ST-ZIP	SARASOTA FL	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 _____ (Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE _____

CR2E037 (9/96)