

FILE NOW: FILING FEE IS \$61.25

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**Jan 29 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 03/07/1962		
4. FEI Number 59-6168946	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	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	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	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	CRENSHAW, JUDI
STREET ADDRESS	6551 GULF GATE PLACE
CITY-ST-ZIP	SARASOTA FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	RUF, THOMAS
STREET ADDRESS	5637 BENEVA WOODS CIR.
CITY-ST-ZIP	SARASOTA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SCHERTLE, FRANK
STREET ADDRESS	7515 STARFISH LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	TD <input checked="" 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	RUF, THOMAS
1.3 STREET ADDRESS	5637 BENEVA WOODS CIR.
1.4 CITY-ST-ZIP	SARASOTA, FL.
2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GRADY, FRED
2.3 STREET ADDRESS	5666 SAWYER RD.
2.4 CITY-ST-ZIP	SARASOTA, FL.
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SCHERTLE, FRANK
3.3 STREET ADDRESS	7515 STARFISH LANE
3.4 CITY-ST-ZIP	SARASOTA, FL.
4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	O'HARA, RUSSELL
4.3 STREET ADDRESS	2209 CIRCLEWOOD DR.
4.4 CITY-ST-ZIP	SARASOTA, FL.
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 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: RUSSELL O'HARA *[Signature]* 1/27/98 941-944-3921

CR2E037 (10/97)