

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90266 034 ****61.25

0065099

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 703680

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/07/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-6168946

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME RUF, THOMAS
STREET ADDRESS 5637 BENEVA WOODS CIR
CITY-ST-ZIP SARASOTA FL

1.1 TITLE PD Change Addition
1.2 NAME GRADY, FRED
1.3 STREET ADDRESS 5666 Sawyer Rd.
1.4 CITY-ST-ZIP Sarasota, FL

TITLE VD DELETE
NAME GRADY, FRED
STREET ADDRESS 5666 SAWYER RD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE VD Change Addition
2.2 NAME HICKERNELL-JR., WARREN
2.3 STREET ADDRESS 4799 Dove Tail Ct.
2.4 CITY-ST-ZIP Sarasota, FL

TITLE SD DELETE
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 DELETE
NAME O'HARA, RUSSELL
STREET ADDRESS 2209 CIRCLEWOOD DR
CITY-ST-ZIP SARASOTA FL

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

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE DELETE
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 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, with all other like empowered.

SIGNATURE: *Russell P. O'Hara*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DATE: 3/10/99
Daytime Phone #: 941-977-3921

CR2E037 (11/98)