

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90064 007 ****61.25

0074549

DOCUMENT # 704036

1. Corporation Name

KIWANIS CLUB OF INDIANTOWN, FLORIDA, INC.

Principal Place of Business

P. O. BOX 597
INDIANTOWN FL 34956

Mailing Address

P. O. BOX 597
INDIANTOWN FL 34956



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

05/15/1962

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6166203

Applied For
☒ Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRIAN POWERS
16600 SW WARFIELD BLVD
INDIANTOWN FL 34956

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 **D** ☐ DELETE
NAME **POWERS, BRIAN**
STREET ADDRESS **16600 SW WARFIELD BLVD**
CITY-ST-ZIP **INDIANTOWN FL 34956**

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **LANE, HAL**
1.3 STREET ADDRESS **16205 SW Warfield BWD.**
1.4 CITY-ST-ZIP **INDIANTOWN, FL 34956.**

TITLE **SD** ☐ DELETE
NAME **HEIZLER, KAREN**
STREET ADDRESS **16401 SW FARMS RD**
CITY-ST-ZIP **INDIANTOWN FL**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **BREWER, JUDY**
2.3 STREET ADDRESS **15588 SW WARFIELD BLVD.**
2.4 CITY-ST-ZIP **INDIANTOWN, FL 34956**

TITLE **PD** ☐ DELETE
NAME **PADGETT, SUSAN**
STREET ADDRESS **10510 SE JUPITER NARROWS**
CITY-ST-ZIP **HOBE SOUND FL 33455**

3.1 TITLE **D** ☐ Change ☒ Addition
3.2 NAME **HANSBROUGH, BRUCE**
3.3 STREET ADDRESS **11764 SW Valencia Ct**
3.4 CITY-ST-ZIP **Palm City, FL 34998**

TITLE **VD** ☐ DELETE
NAME **HOWE, BOB**
STREET ADDRESS **15867 SW 151ST STREET**
CITY-ST-ZIP **INDIANTOWN FL 34956**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **RYAN, ROBERT**
4.3 STREET ADDRESS **6926 SW Adrenna Ct.**
4.4 CITY-ST-ZIP **Stuart, FL 34997-**

TITLE **TD** ☐ DELETE
NAME **LANE, HAL**
STREET ADDRESS **16205 SW WARFIELD BLVD**
CITY-ST-ZIP **INDIANTOWN FL 34956**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Slattery, Sharon**
5.3 STREET ADDRESS **6466 SE WindSong Ln**
5.4 CITY-ST-ZIP **Stuart, FL 34997.**

TITLE **D** ☒ DELETE
NAME **CARDEN, JAMES**
STREET ADDRESS **6201 POMPANO STREET**
CITY-ST-ZIP **PALM BEACH GARDENS FL 34956**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Summers, William**
6.3 STREET ADDRESS **POB575**
6.4 CITY-ST-ZIP **INDIANTOWN, FL 34956.**

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)