FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAR -6 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 706336 (5)

1. Corporation Name

KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 3946 PORT CHARLOTTE FL 33949	P.O. BOX 3946 PORT CHARLOTTE FL 33949

3. Date Incorporated or Qualified: 10/25/1963
3a. Date of Last Report: 04/18/1994
4. FEI Number: 59-6144693 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEVIN, ALLEN J.
3440 CONWAY BLVD.
SUITE 1-A
PORT CHARLOTTE FL 33952

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	EMERICK, SAMUEL	1.2 NAME	PRICE, DAVID
STREET ADDRESS	23053 WESTCHESTER BLVD, G416	1.3 STREET ADDRESS	3123 DAVID ST.
CITY-ST-ZIP	PORT CHARLOTTE FL	1.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33982
TITLE	VD	2.1 TITLE	VD ☒ Change ☐ Addition
NAME	PRICE, DAVID	2.2 NAME	HAYDEN, HAROLD
STREET ADDRESS	3123 DAVID ST.	2.3 STREET ADDRESS	25548 AREQUIPA DR.
CITY-ST-ZIP	PUNTA GORDA FL	2.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33983
TITLE	VD	3.1 TITLE	VD ☒ Change ☐ Addition
NAME	DOZIER, PATRICIA	3.2 NAME	VELEY, ROBERT
STREET ADDRESS	1208 INVERNESS ST.	3.3 STREET ADDRESS	848 W. ELLICOTT CIR.
CITY-ST-ZIP	PORT CHARLOTTE FL	3.4 CITY-ST-ZIP	PORT CHARLOTTE, 33952
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	MYERS, ALAN	4.2 NAME	WILLIAMS, ALEXANDER
STREET ADDRESS	664 NEW YORK AVE.	4.3 STREET ADDRESS	2026 NUREMBERG Blvd
CITY-ST-ZIP	PORT CHARLOTTE FL	4.4 CITY-ST-ZIP	PUNTA GORDA, FL. 33983
TITLE	TD	5.1 TITLE	TD ☐ Change ☐ Addition
NAME	KING, PAUL	5.2 NAME	KING, PAUL
STREET ADDRESS	933 TROPICAL AVENUE	5.3 STREET ADDRESS	933 TROPICAL AV.
CITY-ST-ZIP	PORT CHARLOTTE FL	5.4 CITY-ST-ZIP	PORT CHARLOTTE, FL. 33948
TITLE		6.1 TITLE	☐ Change ☐ Addition
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)(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: Allen J Levin 3/28/95 813-625-2674
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001088