

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 706336 (5)  
1. Corporation Name  
KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.



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

3. Date Incorporated or Qualified 10/25/1963	3a. Date of Last Report 03/06/1995
4. FEI Number 59-6144693	Applied For 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 checked="" 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name	85 Zip Code
82 Street Address (P.O. Box Not Permitted)	
83	
84 City	

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 1996	
TITLE	PD PRICE, DAVID <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President & D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PRICE, DAVID	1.2 NAME	HAYDEN, HAROLD
STREET ADDRESS	3123 DAVID ST.	1.3 STREET ADDRESS	25548 Arequipa Dr.
CITY - ST - ZIP	PUNTA GORDA FL	1.4 CITY - ST - ZIP	Punta Gorda, FL 33983
TITLE	VD HAYDEN, HAROLD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Vice Pres. & D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYDEN, HAROLD	2.2 NAME	Brown, Lawrence
STREET ADDRESS	25548 AREQUIPA DR.	2.3 STREET ADDRESS	1327 Bayburn Cir
CITY - ST - ZIP	PUNTA GORDA FL	2.4 CITY - ST - ZIP	Port Charlotte, FL 33948
TITLE	VD VELEY, ROBERT <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Vice President & D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VELEY, ROBERT	3.2 NAME	TALLEY, ROBERT
STREET ADDRESS	848 W. ELLICOTT CIR.	3.3 STREET ADDRESS	1694 VISCAYA AVE.
CITY - ST - ZIP	PORT CHARLOTTE FL	3.4 CITY - ST - ZIP	PORT CHARLOTTE, FL 33952
TITLE	SD WILLIAMS, ALEXANDER <input checked="" type="checkbox"/> DELETE	4.1 TITLE	Secretary & D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, ALEXANDER	4.2 NAME	OLSON, CANDACE
STREET ADDRESS	2026 NUREMBERG BLVD.	4.3 STREET ADDRESS	27510 TIERRA DEL FUEGO Cir.
CITY - ST - ZIP	PUNTA GORDA FL	4.4 CITY - ST - ZIP	Punta Gorda, FL 33983
TITLE	TD KING, PAUL <input type="checkbox"/> DELETE	5.1 TITLE	Treasurer & D. <input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	M. M.
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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96

941-625-2674

(DAY)

Daytime Phone #

CR2E037 (12/95)