

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90123 045 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 706336

1. Corporation Name

KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.

Principal Place of Business

P.O. BOX 3946
PORT CHARLOTTE FL 33949

Mailing Address

P.O. BOX 3946
PORT CHARLOTTE FL 33949



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/25/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-144693	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29		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	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
				FL	

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	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TALLEY, ROBERT		1.2 NAME	LEVIN, ALLEN J.	
STREET ADDRESS	1694 VISCAYA AVE		1.3 STREET ADDRESS	3440 CONWAY BLVD, SUITE 1A	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		1.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	PED	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVIN, ALLEN J		2.2 NAME	JOHNSON, ROY	
STREET ADDRESS	3440 CONWAY BLVD SUITE 1A		2.3 STREET ADDRESS	724 N.W. ELKCAM BLVD.	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		2.4 CITY-ST-ZIP	PORT CHARLOTTE, FL 33952	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, ROY		3.2 NAME	VACANT	
STREET ADDRESS	724 NW ELKCAM BLVD		3.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		3.4 CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> DELETE	4.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOVAK, EUGENE		4.2 NAME		
STREET ADDRESS	1585 VISCAYA AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33952		4.4 CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, PAUL G		5.2 NAME		
STREET ADDRESS	933 TROPICAL AVE		5.3 STREET ADDRESS		
CITY-ST-ZIP	PORT CHARLOTTE FL 33948		5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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 a different like empowered.

SIGNATURE:

Paul G. King
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99 Date

941.625-2674

Daytime Phone #

CR2E037 (11/98)