

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90016 019 \*\*\*\*61.25

**DOCUMENT # 706336**

1. Entity Name

KIWANIS CLUB OF PORT CHARLOTTE FLORIDA, INC.



Principal Place of Business

P.O. BOX 495997  
PORT CHARLOTTE FL 33949-5997

Mailing Address

P.O. BOX 495997  
PORT CHARLOTTE FL 33949-5997

**54012632**



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-6144693

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME AZAR-LEVIN, GABRIELLE ☒ Delete  
STREET ADDRESS 125 SE GRAHAM ST  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE PE  
NAME GERACE, CARL ☒ Delete  
STREET ADDRESS 700 IARVIST  
CITY-ST-ZIP PORT CHARLOTTE FL 33948

TITLE SD  
NAME NOVAK, EUGENE R. ☐ Delete  
STREET ADDRESS 1585 VISCAYA DR  
CITY-ST-ZIP PORT CHARLOTTE FL 33952

TITLE TD  
NAME HANSON, CONRAD ☐ Delete  
STREET ADDRESS 26584 COPTAPO CIRCLE  
CITY-ST-ZIP PUNTA GORDA FL 33983

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Change ☐ Addition  
NAME GERACE, CARL  
STREET ADDRESS 700 Jarvis Street  
CITY-ST-ZIP Port Charlotte, FL 33948

TITLE PE ☒ Change ☐ Addition  
NAME SPYRIE, CATHERINE  
STREET ADDRESS 21015 Baffin Avenue  
CITY-ST-ZIP Port Charlotte, FL 33954

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #