

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **710321** (1)

1. Corporation Name
KWANIS CLUB OF MDTOWN, ST. PETERSBURG, FLORIDA, INC.

MAY -1 AM 8:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business POST OFFICE BOX 14373 ST. PETERSBURG FL 33733	Mailing Address POST OFFICE BOX 14373 ST. PETERSBURG FL 33733
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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3. Date Incorporated or Qualified 02/07/1966	3a. Date of Last Report 03/03/1994
4. FEI Number 59-0690574	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MCGRADY, J. THOMAS
7113-1 AVE. S.
ST. PETERSBURG FL 33707**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 in printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	NAME SANDERSON, WILLIAM L.	1.1 TITLE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 818 BAY POINT DRIVE	CITY, ST, ZIP ST. PETERSBURG FL	1.2 NAME JEFFREY FRANCIS	
		1.3 STREET ADDRESS 121 SUNSET DR. N.	
		1.4 CITY, ST, ZIP ST. PETERSBURG, FL. 33710	
TITLE S	NAME LILICH, EDWARD R.	2.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6530-68 ST. N.	CITY, ST, ZIP ST. PETERSBURG FL	2.2 NAME J THOMAS MCGRADY	
		2.3 STREET ADDRESS 7113 1 AV S.	
		2.4 CITY, ST, ZIP ST. PETERSBURG, FL. 33707	
TITLE VP	NAME WILLIAMS, GERALD A.	3.1 TITLE V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 6652 - 31ST WAY, S.	CITY, ST, ZIP ST. PETERSBURG FL	3.2 NAME SUSAN Mc CLERNON	
		3.3 STREET ADDRESS 5266 WHITESAND CIR. N.E.	
		3.4 CITY, ST, ZIP ST. PETERSBURG, FL. 33702	
TITLE D	NAME MCGRADY, J. THOMAS	4.1 TITLE DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 7113-1 AVE. S.	CITY, ST, ZIP ST. PETERSBURG FL	4.2 NAME CURTIS BENTLEY	
		4.3 STREET ADDRESS 376 18 AVE NE	
		4.4 CITY, ST, ZIP ST. PETERSBURG, FL. 33704	
TITLE D	NAME KNOWLES, WILLIAM L.	5.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1307-41 AVE. NE	CITY, ST, ZIP ST. PETERSBURG FL	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY, ST, ZIP	
TITLE T	NAME SALVANT, MITCHELL A.	6.1 TITLE SAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2635 69TH AVENUE, SOUTH	CITY, ST, ZIP ST. PETERSBURG FL	6.2 NAME	
		6.3 STREET ADDRESS	
		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: *J. Thomas McGrady* Secretary **4/10/95** **813-345-3203**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J. THOMAS MCGRADY