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Mar 07 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 710321 (1)

1. Corporation Name

KIWANIS CLUB OF MIDTOWN, ST. PETERSBURG, FLORIDA
, INC.

Principal Place of Business

Mailing Address

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733-4373



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/07/1966

3a. Date of Last Report

02/12/1996

4. FEI Number

59-0690574

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

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 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

TITLE	P	DELETE
NAME	FRANCIS, JEFFREY	
STREET ADDRESS	121 SUNSET DR N	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	DELETE
NAME	MCGARDY, THOMAS J	
STREET ADDRESS	7113 1ST AVE S	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	VP	DELETE
NAME	MCCLERNON, SUSAN	
STREET ADDRESS	5266 WHITESAND CIRCLE N E	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	DELETE
NAME	BENTLEY, CURTIS	
STREET ADDRESS	376 18TH AVE N E	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	DELETE
NAME	KNOWLES, WILLIAM L.	
STREET ADDRESS	1307-41 AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	T	DELETE
NAME	SALVANT, MITCHELL A.	
STREET ADDRESS	2635 69TH AVENUE, SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP	Change	Addition
1.2 NAME	DODENHOFF, GEORGE		
1.3 STREET ADDRESS	5940 PELICAN BAY PLAZA, B-906		
1.4 CITY-ST-ZIP	GULFPORT, FL 33707		
2.1 TITLE	PRESIDENT	Change	Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	DIRECTOR	Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	TREASURER	Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE	SECRETARY	Change	Addition
6.2 NAME	LILLICH, EDWARD A.		
6.3 STREET ADDRESS	501 PARK ST. N.		
6.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33710		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 M. ... Dir 1/7/97 813-345-3203
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0051358

CR2E037 (9/96)