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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

3. Date Incorporated or Qualified: 02/07/1966

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☐ DELETE	11 TITLE	P	☒ Change ☐ Addition
NAME	DODENHOFF, GEORGE		12 NAME		
STREET ADDRESS	5940 PELICAN BAY PLAZA, B-906		13 STREET ADDRESS		
CITY-ST-ZIP	GULFPORT FL		14 CITY-ST-ZIP		
TITLE	P	☐ DELETE	21 TITLE	D	☒ Change ☐ Addition
NAME	MCGARDY, THOMAS J		22 NAME		
STREET ADDRESS	7113 1ST AVE S		23 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		24 CITY-ST-ZIP		
TITLE	D	DELETE	31 TITLE		☐ Change ☐ Addition
NAME	MCCLERNON, SUSAN		32 NAME		
STREET ADDRESS	5266 WHITESAND CIRCLE N E		33 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		34 CITY-ST-ZIP		
TITLE	T	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	BENTLEY, CURTIS		42 NAME		
STREET ADDRESS	376 18TH AVE N E		43 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		44 CITY-ST-ZIP		
TITLE	D	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	KNOWLES, WILLIAM L.		52 NAME		
STREET ADDRESS	1307-41 AVE. NE		53 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		54 CITY-ST-ZIP		
TITLE	S	☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME	LILLICH, EDWARD R		62 NAME		
STREET ADDRESS	501 PARK ST N		63 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL		64 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Edward R. Lillich FEB 10, 1998 813-384-5503

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #