

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90110 039 ****61.25

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DOCUMENT # 710321

1. Corporation Name

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

Principal Place of Business

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733

Mailing Address

POST OFFICE BOX 14373
ST. PETERSBURG FL 33733



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

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

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

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 ☒ DELETE

NAME **P**
DODENHOFF, GEORGE
STREET ADDRESS **5940 PELICAN BAY PLAZA, B-906**
CITY-ST-ZIP **GULFPORT FL**

TITLE ☒ DELETE

NAME **D**
MCGARDY, THOMAS J
STREET ADDRESS **7113 1ST AVE S**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE

NAME **D**
MCCLERNON, SUSAN
STREET ADDRESS **5266 WHITESAND CIRCLE N E**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE

NAME **T**
BENTLEY, CURTIS
STREET ADDRESS **376 18TH AVE N E**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☐ DELETE

NAME **D**
KNOWLES, WILLIAM L.
STREET ADDRESS **1307-41 AVE. NE**
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE ☒ DELETE

NAME **S**
LILLICH, EDWARD R
STREET ADDRESS **501 PARK ST N**
CITY-ST-ZIP **ST. PETERSBURG FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME **PRESIDENT**
RICHARD FRENCH, RICHARD
1.3 STREET ADDRESS **557 NORTH MOORE AVE N**
1.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **SECRETARY/DIRECTOR**
McGRADY, J. THOMAS
2.3 STREET ADDRESS **7113 1st AVE S**
2.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33707**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TREASURER**
PETER SCHATZEL
3.3 STREET ADDRESS **500 94 AV N**
3.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33702**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DIRECTOR**
JAMES SMITH
4.3 STREET ADDRESS **1249 SUELL ISLE BVD NE**
4.4 CITY-ST-ZIP **ST. PETERSBURG, FL 33704**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **VICE-PRES.**
ALICE RICH
6.3 STREET ADDRESS **3005 W. ROBSON ST**
6.4 CITY-ST-ZIP **TAMPA, FL 33614**

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 all other like empowered.

SIGNATURE: *J. Thomas McGrady*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/99

727-345-3203

CR2E037 (11/98)