

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2005 8:00 am
Secretary of State

02-16-2005 90024 026 ****61.25

DOCUMENT # 710321

1. Entity Name

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



Principal Place of Business

SAME AS
 SAINT PETERSBURG FL 33707

Midtown Kiwanis Club
 c/o Harvey Bernstein
 2000 Dolphin Blvd. S.
 St. Petersburg, FL 33703-3812

40019125



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0690574

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~FRENCH, RICHARD J.
 557 NORTHMOOR AVE. N.
 SAINT PETERSBURG FL 33702~~

Midtown Kiwanis Club
 c/o Harvey Bernstein
 2000 Dolphin Blvd. S.
 St. Petersburg, FL 33703-3812

FL Zip Code 33707-3812

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 *Harvey Bernstein Treasurer*

2/10/05

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	T	<input type="checkbox"/> Delete
NAME	FRENCH, RICHARD	
STREET ADDRESS	557 NORTHMOOR AVE N.	
CITY-ST-ZIP	SAINT PETERSBURG FL 33702	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	SAMSON, FREDERIC	
STREET ADDRESS	3020 49TH ST. NORTH	
CITY-ST-ZIP	SAINT PETERSBURG FL 33710	
TITLE	D	<input type="checkbox"/> Delete
NAME	FRENCH, MARY JO	
STREET ADDRESS	557 NORTHMOOR AVE. N.	
CITY-ST-ZIP	ST. PETERSBURG FL 33702	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BERTLETT, RUTH	
STREET ADDRESS	10007 SOUTH YACHT CLUB DR	
CITY-ST-ZIP	SAINT PETERSBURG FL 33706	
TITLE	P	<input type="checkbox"/> Delete
NAME	KNOWLES, WILLIAMS L	
STREET ADDRESS	1307-41 AVE. NE	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	RICH, ALICE	
STREET ADDRESS	3005 WEST ROBSON STREET	
CITY-ST-ZIP	TAMPA FL 33614	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	c/o Harvey Bernstein	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TREASURER	
STREET ADDRESS	2000 Dolphin Blvd. S.	
CITY-ST-ZIP	St. Petersburg, FL 33703-3812	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(f), 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: *Harvey Bernstein*

HARVEY S BERNSTEIN
 TREASURER

2/10/05

7273479387

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #