

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
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90210 046 ****61.25

DOCUMENT # 722006

1. Corporation Name

KIWANIS CLUB OF SARASOTA-SUNRISE, FLORIDA, INC.

Principal Place of Business

Mailing Address

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US

2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/02/1971

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

Applied For

23-7098145

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MENZEL, WALT
2965 BEE RIDGE ROAD
SUITE B
SARASOTA FL 34239

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME JERREMS, SCOTT
STREET ADDRESS 2626 CARDINAL PLACE
CITY-ST-ZIP SARASOTA FL 34239

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME SNYDER, BILL
STREET ADDRESS 5306 FOXWOOD DRIVE
CITY-ST-ZIP SARASOTA FL

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME HARTIG, DENNIS
STREET ADDRESS 3708 FLORES AVENUE
CITY-ST-ZIP SARASOTA FL

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VTD
NAME MENZEL, WALT
STREET ADDRESS 2935 TANGLEWOOD WAY
CITY-ST-ZIP SARASOTA FL 34239

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME PATTON, KEN
STREET ADDRESS 6319 TURNERS GAP ROAD
CITY-ST-ZIP BRADENTON FL 34203

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE STD ☐ Change ☒ Addition
6.2 NAME LARRY TASMAN
6.3 STREET ADDRESS 7321 CAPTAIN KIDD AVENUE
6.4 CITY-ST-ZIP SARASOTA, FL 34231

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/99

(941) 923-1831

Date

Daytime Phone #

CR2E037 (11/98)