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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

FILED Feb 04 1998 8:00am Secretary of State

KIWANIS CLUB OF SUN CITY CENTER, FLORIDA, INC.					i lidigi (suka dinin mam nakat maka	Land albei biolo albes alder beder de:	MIS SERI
Principal Plac	ce of Business	Mailing Address				I SELL CIEIL EIRIL BIDAL BIDAL DIREC DI	
KIWANIS CLUB OF SUN CITY CENTER FLORIDA. 1 P.O. BOX 5753				F	3. Date Incorporated or Qualified		
P.O. BOX 5753 SUN CITY CENTER FL 33571 SUN CITY CENTER FL 33571 US			71		11/05/1971		
US	MICH FL 33371	US		F	4. FEI Number	Applied	1 For
				ŀ	23-7190587		plicable
_	lace of Business	2a. Mailing Address				A0.75	
21 26					5. Certificate of Status Desired	■ \$8.75 Additi	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May E	Be
City & State		City & State			Trust Fund Contribution	Added to Fee	s
23		28			 is this nonprofit corporation a her 		
Zip	Country	Zip	Country			Yes X No	
24	25	29	30		 This corporation owes or has pa Personal Property Tax due June 		
	9. Name and Address of Current		30		10. Name and Address of New Re		
		9	81 Na			giotoi ca rigoin	
RIDDLE.	WILLIAM		90 0	6	(0.0 B. N. J.		
1010 AMERICAN EAGLE DR, #322			82 Str	eet Address	(P.O. Box Number is Not Acceptate	ole)	
SUN CITY CENTER FL 33573			83				
			84 Cit	у		85 Zip Code	
11 Burguest	to the provisions of Sections 217 0500	and 647 4500. Firstly Only		<u> </u>			
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 DATE							<u>'3)</u>
12,	OFFICERS AND		13.	ature requires w	ADDITIONS/CHANGES TO OFFIC	PRE AND DIDECTORS IN	10
TITLE	D	☐ DELETE	1.1 TOTLE		TIBETTI GROWN TRACE TO OTTIC		Addition
NAME	GOBES, F.E.		1.2 NAME				
STREET ADDRESS	715 ELKHORD R.		1.3 STREET ADDRE	SS			
CITY-ST-ZIP	SUN CITY CENTER FL		1,4 CITY - ST-ZIP				
TITLE	P	DELETE	2.1 TITLE	PΩ	ES,	≱ Change □	Addition
NAME	FINCH, CHARLES	·	2.2 NAME		nataro, Thomas	, ,	
STREET ADDRESS	303 CLUB MANOR DR		2.3 STREET ADDRE		B Sandy Creek Drive		
CITY-ST-ZIP	SUN CITY CENTER FL		2. 4 CITY-ST-ZIP		andon, FL 33511		
TITLE	P	DELETE	3.1 TITLE	D	48888889 1.21	Change □ /	Addition
NAME	RISLEY, LEONARD	•	3.2 NAME	1 -	nnke, Karl	-	ļ
STREET ADDRESS	633 FT DUQUESNA DR		3.3 STREET ADDRE	1	S. Pebble Beach		-
CITY-ST-ZIP	SUN CITY CTR FL		3.4. CITY-ST-ZIP		o S. Febble Beach City Center FL 3	2572	
TITLE	T	DELETE	4.1 TITLE	135	T. TREASURER	Change □ /	Addition
NAME	RIDDLE, WILLIAM		4. 2 NAME	FRE	INK HOSTETTE	R	ĺ
STREET ADDRESS	1010 AMERICAN EAGLE DR #3	322	4.3 STREET ADDRE	ss 22	10 HIGHELERE	- CIR.	
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP	50%	CITY CENTER, F	Z, 33578	
TITLE	D	DELETE	5.1 TITLE	D			Addition
NAME	LANGSDALE, ROBERT		5.2 NAME		len, Bryan	• • -	
STREET ADDRESS	1908 CANTERBURY LANE		5.3 STREET ADDRE		O American Eagle B	1vd. #322	1
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		City Center, FL 3		.
TITLE	D	DELETE	6.1 TITLE	7.41	· · · · · · · · · · · · · · · · · · ·		Addition
NAME	NAUMAN, FRANK R		6.2 NAME			<u> </u>	l
STREET ADDRESS	1117 OPAL LANE		6.3 STREET ADDRES	ss			l
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY - ST - ZIP				
	ertify that the information supplied with	this filles does not suclify for		tatad in Can	6++ 440 07(0)(1) Florido Chill		

Interest using 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 attackment with an address.

SIGNATURE: