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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # 722019

1. Corporation Name
KIWANIS CLUB OF SUN CITY CENTER, FLORIDA, INC.

Principal Place of Business	Mailing Address
KIWANIS CLUB OF SUN CITY CENTER FLORIDA. I P.O. BOX 5753 SUN CITY CENTER FL 33571 US	P.O. BOX 5753 SUN CITY CENTER FL 33571 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	11/05/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7190587 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RIDDLE, WILLIAM
1010 AMERICAN EAGLE DR, #322
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name: SALA L HALM
82 Street Address (P.O. Box Number is Not Acceptable): 404 LA JOLLA AVE
83
84 City: SUN CITY CENTER FL 85 Zip Code: 33573

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: Sala L Halm SECRETARY SALA L HALM DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	GOBES, F.E.		1.2 NAME	DEAN GOLDSMITH	
STREET ADDRESS	715 ELKHORD R.		1.3 STREET ADDRESS	1010 AMERICAN EAGLE BLVD # 121	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	SUN CITY CENTER, FL, 33573	
TITLE	P	☒ DELETE	2.1 TITLE	PRESIDENT	☐ Change ☒ Addition
NAME	FINCH, CHARLES		2.2 NAME	CHARLES S WHITAKER	
STREET ADDRESS	303 CLUB MANOR DR		2.3 STREET ADDRESS	625 OAKMONT AVE	
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP	SUN CITY CENTER, FL, 33573	
TITLE	P	☒ DELETE	3.1 TITLE	V. PRESIDENT	☐ Change ☒ Addition
NAME	RISLEY, LEONARD		3.2 NAME	JACK T LAMBERT	
STREET ADDRESS	633 FT DUQUESNA DR		3.3 STREET ADDRESS	1923 WOLF LAUREL DR	
CITY-ST-ZIP	SUN CITY CTR FL		3.4. CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	T	☒ DELETE	4.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	RIDDLE, WILLIAM		4. 2 NAME	FRANK B HOSTETTER	
STREET ADDRESS	1010 AMERICAN EAGLE DR #322		4.3 STREET ADDRESS	2210 HIGHCLERE CIR	
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	D	☒ DELETE	5.1 TITLE	V. PRESIDENT	☐ Change ☒ Addition
NAME	LANGSDALE, ROBERT		5.2 NAME	FRANK S NAUMAN	
STREET ADDRESS	1908 CANTERBURY LANE		5.3 STREET ADDRESS	1117 OPAL LN	
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP	SUN CITY CENTER, FL, 33573	
TITLE	D	☒ DELETE	6.1 TITLE	DIRECTOR	☐ Change ☒ Addition
NAME	NAUMAN, FRANK R		6.2 NAME	ELAINE SCHWARTZ	
STREET ADDRESS	1117 OPAL LANE		6.3 STREET ADDRESS	11313 TORREY PINES DR	
CITY-ST-ZIP	SUN CITY CENTER FL		6.4 CITY-ST-ZIP	RIVERVIEW, FL 33569	

CR2E037 (11/98)

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: Sala L Halm REQUIRED SALA L HALM 6 JUN 1999 8136339065
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SECRETARY — Date — Daytime Phone #