FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995 5-1-95

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

B-5745 XC

APPROVED AND FILED

'95 MAY -1 PM 1:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 725418 (8)

1. Corporation Name

KIWANIS CLUB OF ENGLEWOOD, INC.

Principal Place of Business	Mailing Address
P.O. BOX 121 P.O.BOX 121 ENGLEWOOD FL 34295 US	P.O. BOX 121 ENGLEWOOD FL 34295 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1973	3a. Date of Last Report: 04/19/1994
4. FEI Number: 59-2254074	☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

LIDDLE, STEVE
736 SUMMERSEA CT.
ENGLEWOOD FL 34223

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City FL 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Stephen W. Liddle — April 29, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	BOURCIER, JOHN	12 NAME	
STREET ADDRESS	1115 LARCHMONT DR.	13 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	JEWELL, DENNIS	22 NAME	
STREET ADDRESS	579 S INDIANA AVE, #C	23 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	LIDDLE, STEVE	32 NAME	
STREET ADDRESS	736 SUMMERSEA CT	33 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	34 CITY-ST-ZIP	
TITLE	P	41 TITLE	☐ Change ☐ Addition
NAME	KENNEDY, STEVE	42 NAME	
STREET ADDRESS	5 CADDY RD	43 STREET ADDRESS	
CITY-ST-ZIP	ROTONDA FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	BOTELSON, ROGER	52 NAME	
STREET ADDRESS	340 N. INDIANA AVE	53 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	GILMORE, SUSAN	62 NAME	
STREET ADDRESS	111 JOSE GASPAR D.R	63 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: John Bourcier — 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0064602