

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 726038 (3)

1. Corporation Name

KIWANIS CLUB OF VENICE-SUNCOAST, INC.

Principal Place of Business

P.O. BOX 516
VENICE FL 34284-0516

Mailing Address

P.O. BOX 516
VENICE FL 34284-0516



3. Date Incorporated or Qualified
04/07/1973

3a. Date of Last Report
01/30/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, DAROLD
804 GOLF DR
VENICE FL 34285**

81 Name

DALE CARSON

82

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

564 CATALINA ISLES CIRCLE

83

84

City **VENICE**

FL

85

Zip Code **34292**

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 **DALE CARSON - PRESIDENT** *Dale Carson*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

MARCH 11, 1996

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	LONG, DAROLD	
STREET ADDRESS	804 GOLF DR	
CITY - ST - ZIP	VENICE FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CARSON, DALE	
STREET ADDRESS	564 CATALINA ISLES CIR	
CITY - ST - ZIP	VENICE FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LEWIS, ED	
STREET ADDRESS	976 E. GONDOLA DRIVE	
CITY - ST - ZIP	VENICE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STEPHAN, TOM	
STREET ADDRESS	1707 BELVIDERE DR	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DALE CARSON	
1.3 STREET ADDRESS	564 CATALINA ISLES CIRCLE	
1.4 CITY - ST - ZIP	VENICE, FL 34292	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VD	
2.2 NAME	LEE BUCKNER	
2.3 STREET ADDRESS	150 BROADWAY #205	
2.4 CITY - ST - ZIP	ENGLEWOOD, FL 34293	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	JOE BROXSON	
3.3 STREET ADDRESS	3911 TAMPICO DRIVE	
3.4 CITY - ST - ZIP	SARASOTA, FL 34235	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: **DALE CARSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dale Carson

3/15/96

Date

(941) 497-6378

Daytime Phone #

CR2E037 (12/95)