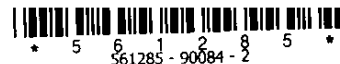


FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90098 013 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 726038 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		



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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		25		04/07/1973	
22 Suits, Apt. #, etc.		27 Suits, Apt. #, etc.		4. FEI Number	
23 City & State		28 City & State		23-7103839	
24 Zip		29 Zip		5. Certificate of Status Desired	
25 Country		30 Country		☐ \$8.75 Additional Fee Required. ☐ \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CARSON, DALE 564 CATALINA ISLES CIRCLE VENICE FL 34292		81 Name <u>GARY GILCHRIST</u> 82 Street Address (P.O. Box Number is Not Acceptable) <u>1603 Pecan Street</u> 83 84 City <u>Nokomis</u> FL 85 Zip Code <u>34275</u>	

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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 SECRETARY DATE APRIL 20, 1999

Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <u>CARSON, DALE</u> ☒ DELETE	1.1 TITLE	President ☐ Change ☒ Addition
NAME	<u>CARSON, DALE</u>	1.2 NAME	Gary Gilchrist ☒ DELETE
STREET ADDRESS	<u>564 CATALINA ISLES CIRCLE</u>	1.3 STREET ADDRESS	<u>1603 Pecan Street</u>
CITY-ST-ZIP	<u>VENICE FL</u>	1.4 CITY-ST-ZIP	<u>Nokomis, FL 34275</u>
TITLE	SD <u>STEPHAN, TOM</u> ☒ DELETE	2.1 TITLE	Secretary ☐ Change ☒ Addition
NAME	<u>STEPHAN, TOM</u>	2.2 NAME	Dale Carson DT
STREET ADDRESS	<u>1707 BELVIDERE DR</u>	2.3 STREET ADDRESS	<u>564 Catalina Isles Circle</u>
CITY-ST-ZIP	<u>ENGLEWOOD FL</u>	2.4 CITY-ST-ZIP	<u>Venice, FL 34292</u>
TITLE	TD <u>BROXSON, JOE</u> ☒ DELETE	3.1 TITLE	TREASURER DT ☐ Change ☒ Addition
NAME	<u>BROXSON, JOE</u>	3.2 NAME	O'GRADY, BARBARA
STREET ADDRESS	<u>3911 TAMPICO DR</u>	3.3 STREET ADDRESS	<u>500 FALKLAND ROAD VENICE, FL 34293</u>
CITY-ST-ZIP	<u>SARASOTA FL</u>	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	PRESIDENT D ☐ Change ☒ Addition
NAME		4.2 NAME	STEPHAN, TOM
STREET ADDRESS		4.3 STREET ADDRESS	<u>1707 BELVIDERE DRIVE</u>
CITY-ST-ZIP		4.4 CITY-ST-ZIP	<u>ENGLEWOOD, FL 34223</u>
TITLE	☐ DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

DALE CARSON 3/19/99
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 ST-726038-301 TRES

DALE CARSON, SECRETARY

CR2E037 (1/88)