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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.

S61285 - 90084 - 2

Principal Place of Business	Mailing Address
P.O. BOX 516 VENICE FL 34284-0516	P.O. BOX 516 VENICE FL 34284-0516

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30
3. Date Incorporated or Qualified: 04/07/1973	
4. FEI Number: 23-7103839 ☐ 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	

9. Name and Address of Current Registered Agent

CARSON, DALE
564 CATALINA ISLES CIRCLE
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: ~~GARY GILCHRIST~~
82 Street Address (P.O. Box Number is Not Acceptable): ~~1603 Pecan Street~~
83
84 City: Nokomis FL 85 Zip Code: 34275

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 — Dale Carson — DATE: APRIL 20,1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CARSON, DALE 564 CATALINA ISLES CIRCLE VENICE FL	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President Gary Gilchrist 1603 Pecan Street Nokomis, FL 34275	☐ Change ☒ Addition DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD STEPHAN, TOM 1707 BELVIDERE DR ENGLEWOOD FL	XX DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Secretary Dale Carson DT 564 Catalina Isles Circle Venice, FL 34292	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BROXSON, JOE 3911 TAMPICO DR SARASOTA FL	☐ DELETE XX	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TREASURER DT O'GRADY, BARBARA 500 FALKLAND ROAD VENICE, FL 34293	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	PRESIDENT D STEPHAN, TOM 1707 BELVIDERE DRIVE ENGLEWOOD, FL 34223	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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: ~~SIGNATURE REQUIRED~~ Dale Carson 3/15/99
SIGNATURE AND TYPED OR PRINTED NAME OF ~~SIGNING~~ OFFICER OR DIRECTOR — Date — Daytime Phone #
~~SECRETARY~~ TREAS

DALE CARSON, SECRETARY

CR2E037 (11/98)