FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 30 AM 9:08

DOCUMENT # 728739 (4)

1. Corporation Name
SOUTH SARASOTA KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
2209 CIRCLEWOOD DR SARASOTA FL 34231	2209 CIRCLEWOOD DR SARASOTA FL 34231

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/06/1974
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-6207020 ☐ 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

O HARA, RUSSELL PETER
2209 CIRCLEWOOD DR
SARASOTA, FL
34231

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ 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	CD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	DEVINE, CHARLES	1.2 NAME	KILBURN, DR. ROBERT
STREET ADDRESS	3371 17TH STREET	1.3 STREET ADDRESS	4728 OAKHILL COURT
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	VCC	2.1 TITLE	VP ☒ Change ☐ Addition
NAME	SIMPSON, EARLINE	2.2 NAME	DESJARLAIS, MARY LYNN
STREET ADDRESS	3800 BAY SHORE	2.3 STREET ADDRESS	4799 DOVE TAIL CT.
CITY-ST-ZIP	SARASOTA, FL 00000	2.4 CITY-ST-ZIP	SARASOTA, FL
TITLE	TD	3.1 TITLE	☐ Change ☐ Addition
NAME	O HARA, RUSSELL P	3.2 NAME	
STREET ADDRESS	2209 CIRCLEWOOD DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL 00000	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	☐ Change ☐ Addition
NAME	MELICK, STAN	4.2 NAME	
STREET ADDRESS	1620 COLLEEN ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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)(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: Russell P. O'Hara Treasurer 1/23/95 (813) 922-3921
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #
Russell P. O'Hara

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