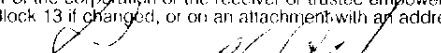


FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 728739 (4) 1. Corporation Name SOUTH SARASOTA KIWANIS FOUNDATION, INC.			
Principal Place of Business 2209 CIRCLEWOOD DR SARASOTA FL 34231		Mailing Address 2209 CIRCLEWOOD DR SARASOTA FL 34231-5740	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 02/06/1974		3a. Date of Last Report 02/26/1996	
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	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
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 85 Zip Code FL	
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 _____ 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 NAME STREET ADDRESS CITY - ST - ZIP	PD DESJARLAIS, MARY L 4799 DOVE TAIL COURT SARASOTA FL ☒ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD CRENSHAW, JUDI 6551 GULFGATE PLACE SARASOTA FL ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CRENSHAW, JUDI 6551 GULFGATE PLACE SARASOTA FL ☒ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VPD RUF, THOMAS 5637 BENEVA WOODS SARASOTA FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD O HARA, RUSSELL P 2209 CIRCLEWOOD DR SARASOTA, FL 00000 ☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD SCHERTLE, FRANK 7515 STARFISH LANE SARASOTA FL ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MELICK, STAN 1620 COLLEEN ST. SARASOTA FL ☒ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	☐ 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 do 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.

SIGNATURE:  **RUSSELL O'HARA** 1/20/97 (941) 922-3921

CR2E037 (9/96)