

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 729539 (7)
1. Corporation Name
KIWANIS CLUB OF VERO-TREASURE COAST, INCORPORATE
D



Principal Place of Business Mailing Address
P.O. BOX 6381 P.O. BOX 6381
VERO BEACH FL 32961 VERO BEACH FL 32961

3. Date Incorporated or Qualified

05/03/1974

4. FEI Number

59-7305862

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, SAMUEL A.
801 21ST STREET
VERO BEACH FL 32960

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 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 DV
NAME HORNER, GRAIG
STREET ADDRESS 1205 4TH LN
CITY - ST - ZIP VERO BEACH FL

☐ DELETE

1.1 TITLE DP
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE D
NAME MILLER, BRUCE
STREET ADDRESS 2180 10TH AVE
CITY - ST - ZIP VERO BEACH FL

☒ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

☐ Change

☒ Addition

TITLE DT
NAME JACOBY, KIP
STREET ADDRESS 700 200TH ST
CITY - ST - ZIP VERO BEACH FL

☐ DELETE

3.1 TITLE DV
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE DS
NAME MARSHBANKS, BOB
STREET ADDRESS 215 22ND AVE.
CITY - ST - ZIP VERO BEACH FL

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE DP
NAME THOMAS, MILT
STREET ADDRESS 686 GLENVIEW TER
CITY - ST - ZIP VERO BEACH FL

☐ DELETE

5.1 TITLE D
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☒ Change

☐ Addition

TITLE DT
NAME HALL, WINONA
STREET ADDRESS 340 8TH CT
CITY - ST - ZIP VERO BEACH FL

☐ 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KIP JACOBY

4/27/98

561-563-2019

Daytime Phone # 0020576

CR2E037 (10/97)