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

APPROVED AND FILED

95 MAY -1 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 739894 (4)

1. Corporation Name

KIWANIS CLUB OF CLEARWATER FLORIDA FOUNDATION, I NC.

Principal Place of Business	Mailing Address
POST OFFICE BOX 11626 CLEARWATER FL 34616	POST OFFICE BOX 11626 CLEARWATER FL 34616

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1977
3a. Date of Last Report: 08/11/1994
4. FEI Number: 59-2466122 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 P.O.Box 8206	26 P.O. Box 8206
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Clearwater, FL	28 Clearwater, FL
24 Zip 34618 / 25 County Pinellas	29 Zip 34618 / 30 County Pinellas

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 (X) — $68.75 Supplemental Fee Not Required
8. *This corporation has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WOLLETT, FRANKLYN J. 2790 SUNSET POINT RD. CLEARWATER FL 34619	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 familar 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	PD	11 TITLE	P ☒ Change ☐ Addition
NAME	BERTUCCI, LYNN	12 NAME	Marvin A. Martin
STREET ADDRESS	2826 OAK TREE LANE	13 STREET ADDRESS	1535 Nursery Rd., #205
CITY-ST-ZIP	PALM HARBOR FL	14 CITY-ST-ZIP	Clearwater, FL 34616
TITLE	PD	21 TITLE	P-Elect ☒ Change ☐ Addition
NAME	GRAY, PHILLIP J.	22 NAME	Philip J. Gray
STREET ADDRESS	1005 7TH STREET SOUTH	23 STREET ADDRESS	1005 7th Stree, S.
CITY-ST-ZIP	SAFETY HARBOR FL	24 CITY-ST-ZIP	Safety Harbor, FL 34695
TITLE	S	31 TITLE	S/T ☐ Change ☒ Addition
NAME	VEST, ROBERT A.	32 NAME	Robert A. Vest
STREET ADDRESS	2065 ATTACHE COURT	33 STREET ADDRESS	2065 Attache Court
CITY-ST-ZIP	CLEARWATER FL	34 CITY-ST-ZIP	Clearwater, FL 34624
TITLE	D	41 TITLE	D ☐ Change ☐ Addition
NAME	WOLLETT, FRANKLIN J.	42 NAME	Franklyn J. Wollett
STREET ADDRESS	2790 SUNSET POINT ROAD	43 STREET ADDRESS	2790 Sunset Point Rd.
CITY-ST-ZIP	CLEARWATER FL	44 CITY-ST-ZIP	Clearwater, FL 34619
TITLE		51 TITLE	☐ Change ☒ Addition
NAME		52 NAME	D Ward Johansen
STREET ADDRESS		53 STREET ADDRESS	1500 Farrier Tr.
CITY-ST-ZIP		54 CITY-ST-ZIP	Clearwater, FL 34625
TITLE		61 TITLE	☐ Change ☒ Addition
NAME		62 NAME	D Bruce Taylor
STREET ADDRESS		63 STREET ADDRESS	14030 Tern Ln, Clearwater, FL
CITY-ST-ZIP		64 CITY-ST-ZIP	# 1 Rposted by Staff 34622

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)(k), 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: Robert A. Vest, ROBERT A. VEST 4/7/95 813-536-6143
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

KW

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