

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 739894 (4)

1. Corporation Name

KIWANIS CLUB OF CLEARWATER FLORIDA FOUNDATION, INC.

Principal Place of Business

POST OFFICE BOX 8206
CLEARWATER FL 34618

Mailing Address

POST OFFICE BOX 8206
CLEARWATER FL 34618



3. Date Incorporated or Qualified
08/12/1977

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

26 Clearwater, FL 34618

21

4. FEI Number
59-2466122

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

City & State

23

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34618

25 Pinellas

29 34618

30 Pinellas

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 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

TITLE P
NAME MARTIN, MARVIN A
STREET ADDRESS 1535 NURSERY RD.
CITY-ST-ZIP CLEARWATER FL 34616 ☐ DELETE

TITLE PD
NAME GRAY, PHILLIP J.
STREET ADDRESS 1005 7TH STREET SOUTH
CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ DELETE

TITLE ST
NAME VEST, ROBERT A.
STREET ADDRESS 2065 ATTACHE COURT
CITY-ST-ZIP CLEARWATER FL 34624 ☐ DELETE

TITLE D
NAME WOLLETT, FRANKLYN J.
STREET ADDRESS 2790 SUNSET POINT ROAD
CITY-ST-ZIP CLEARWATER FL 34619 ☐ DELETE

TITLE D
NAME JOHANSEN, WARD
STREET ADDRESS 1500 FARRIER TR.
CITY-ST-ZIP CLEARWATER FL 34625 ☐ DELETE

TITLE D
NAME TAYLOR, BRUCE
STREET ADDRESS 14030 TERN LN.
CITY-ST-ZIP CLEARWATER FL 34622 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Philip J. Gray
1.3 STREET ADDRESS 1025 Kenwood Dr.
1.4 CITY-ST-ZIP Dunedin, FL 34698

2.1 TITLE President-Elect ☒ Change ☐ Addition
2.2 NAME Ward Johansen
2.3 STREET ADDRESS 1500 Farrier Tr.
2.4 CITY-ST-ZIP Clearwater, FL 34625

3.1 TITLE Secretary ☐ Change ☐ Addition
3.2 NAME Robert A. Vest
3.3 STREET ADDRESS 2065 Attache Ct.
3.4 CITY-ST-ZIP Clearwater, FL 34624

4.1 TITLE Treasurer ☒ Change ☐ Addition
4.2 NAME Bruce Taylor
4.3 STREET ADDRESS 14030 Tern Ln
4.4 CITY-ST-ZIP Clearwater, FL 34622

5.1 TITLE Director ☒ Change ☐ Addition
5.2 NAME Franklyn J. Wollett
5.3 STREET ADDRESS 1960 Dunbrody Ct.
5.4 CITY-ST-ZIP Dunedin, FL 34619

6.1 TITLE Director ☒ Change ☐ Addition
6.2 NAME William G. Barnett, III
6.3 STREET ADDRESS 2154 Woods Ct.
6.4 CITY-ST-ZIP Palm Harbor, FL 34683

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

4/9/96

813/536-6143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary

Date

Daytime Phone #

CR2E037 (12/95)