FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 739894

Corporation Name

KIWANIS CLUB OF GREATER CLEARWATER FOUNDATION, I NC.

Principal Place of Business	S
POST OFFICE BOX 8206 CLEARWATER FL 34618	

2. Principal Place of Business

Mailing Address

2a. Mailing Address

POST OFFICE BOX 8206 CLEARWATER FL 34618

US

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90034 021 ****61.25

|--|

3. Date Incorporated or Qualifed

21		26					<u> 08/12/19/7</u>				
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				4. FEI Number			Applied For	
22		27					59-2466122			Not Applicable	
City & State	9		City & State				5. Certificate of Status	Desired		5 Additional	
23		28					O. Certificate of Citatas	D001100 🖂	Fee	Required	
Zip	Country		Zip	Country			6. Election Campaign	Financing	\$5.0	0 May Be	
24	25	29	30				Trust Fund Contribu	ition 🗀	Adde	ed to Fees	
•	9. Name and Address of Current I	Regis	stered Agent				10. Name and Addres	s of New Registere	d Agent		
				81	N	ame					
GRAHAM, JR. J					82 Street Address (P.O. Box Number is Not Acceptable)						
1336 HIGHFIELD DR					Olider Address (F.O. DOX Hallings to Her Hoodynamic)						
	TER FL 34624			83			•				
OLEANNA	TER FE 34024 Taring) Territoria				_				05 7	ip Code	
•	4			84	C	ity		F	L 85 Z	ib Cone	
11. Durament 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 nereby 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			13.	r angi	naturo regunada m	ADDITIONS/CHANG		AND DIREC	TORS IN 12	
TITLE	VP	2.7 (2	□ DELETE	1,1 BILE		q.			Chang	e 🔲 Addition	
NAME	**		_	1.2 NAME		,					
	LORENZ, JERRY			1.3 STREET	VDD.	nocee					
STREET ADDRESS	1150 EIGHT AVE SW										
CITY-ST-ZIP	LARGO FL 33770		☐ DELETE	1.4 CITY-ST 2.1 TITLE	-411	•			☐ Chang	e Addition	
TITLE	D		C DELETE						المالية لي	,	
NAME	GRAHAM, JOHN			2.2 NAME							
STREET ADDRESS	2111 DREW STREET			2.3 STREET							
CITY-ST-ZIP	CLEARWATER FL 33765		, .	2.4 CITY-S	T- ZI	P			Chang	e Addition	
TITLE	D		☐ DELETE	3.1 TITLE						ge LJ Addition	
NAME	LAMBERT, DICK			3.2 NAME						l	
STREET ADDRESS	2045 CORONET LANE			3.3 STREET	ADC	DRESS					
CITY-ST-ZIP	CLEARWATER FL 34624			3.4. CITY-S	T-ZI					FT 6 4 4 11 1	
TITLE	P		DELETE	4.1 TITLE		D	1	1	Chang	ge 🗀 Addition	
NAME	WILLIAMS, WAYNE E.			4. 2 NAME		Joh	iansen, War	d , ,			
STREET ADDRESS	89 COLLEGE HILL DR			4.3 STREET	ADD			n Blud	•		
CITY-ST-ZIP	CLEARWATER FL 33765			4.4 CITY-S1	-ZIP	· cle	anwater 17	33765		4	
TITLE	D		DELETE	5.1 TITLE			a 10		Chan	ge 🔀 Addition	
NAME	EDDY, THOMAS			5.2 NAME		Bay	mett, William	٠. علله			
STREET ADDRESS	1533 FARRIER TRAIL			5.3 STREET	ADD		3 Kilwinning	<u>G</u>			
CITY-ST-ZIP	CLEARWATER FL 34625			5.4 CITY-S1	-ZIP	· 184	im Harbari	FI 34684			
TITLE	T		☐ DELETE	6.1 TITLE		<u>\(\Pi\) \(\pi\) \(\pi\) \(\pi\)</u>			Chang	ge 🔲 Addition	
NAME	WARD, HOWARD			6.2 NAME			_				
	1618 KILWINNING COURT			6.3 STREET	ADD	RESS 23	29 Lorena	Lane			
CITY OT TID	PALM HARBOR FL 34684			6.4 CITY-S1	-ZIP		parwater, Fl.	33765-2	2727		
OUT-SI-ZIP "	FALIN FIARDUR FL 34004						THE WALL THE				

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 comporation 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 charged in on an affectment with an address, with all original like empowered.

SIGNATURE:

THE NAME OF SIGNING OFFICER OR DIRECTOR BOTTOM THE PROPERTY OF DIRECTOR DOLLARS THE PROPERTY OF THE PROPERTY O

(11/30)