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Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 741574 (8)

1. Corporation Name

KIWANIS CLUB OF TOP OF THE WORLD, CLEARWATER, FL
ORIDA, INC.

Principal Place of Business

2069 WORLD PKWY
CLEARWATER FL 34623
US

Mailing Address

2431 FRANCISCAN DR
#59
CLEARWATER FL 34623-3249
US3. Date Incorporated or Qualified
02/09/19783a. Date of Last Report
01/31/19964. FEI Number
59-1704485Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONALD, THOMAS
2431 FRANCISCAN DR
#59
CLEARWATER FL 34623

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 S ☐ DELETE
NAME HOGAN, ERNIE
STREET ADDRESS 1099 MCMULLEN BOOTH RD
CITY-ST-ZIP CLEARWATER FLTITLE D ☐ DELETE
NAME KEMPER, FRANCES
STREET ADDRESS 2363 IGAEU DR., #51
CITY-ST-ZIP CLEARWATER, FL 00000TITLE P ☐ DELETE
NAME SANTANGELO, NICOLE C.
STREET ADDRESS 2440 WORLD PKWY #50
CITY-ST-ZIP CLEARWATER FLTITLE T ☐ DELETE
NAME MCDONALD, THOMAS
STREET ADDRESS 2431 FRANCISCAN DR #59
CITY-ST-ZIP CLEARWATER, FL 00000TITLE D ☐ DELETE
NAME SINDONI, JOE
STREET ADDRESS 2361 EQUADORIAN WAY
CITY-ST-ZIP CLEARWATER, FL 00000TITLE D ☐ DELETE
NAME WALTON, WALT
STREET ADDRESS 2441 PERSIAN DRIVE, #19
CITY-ST-ZIP CLEARWATER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP3.1 TITLE P ☒ Change ☐ Addition
3.2 NAME Cooper, John C.
3.3 STREET ADDRESS 2340 Grecian Way #2
3.4 CITY-ST-ZIP Clearwater, FL 346234.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067522

CR2E037 (9/96)