

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 20 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **741574** (8)

1. Corporation Name

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

Principal Place of Business

Mailing Address

**2069 WORLD PKWY
CLEARWATER FL 34623
US**

**2431 FRANCISCAN DR
#59
CLEARWATER FL 34623
US**

3. Date Incorporated or Qualified

02/09/1978

4. FEI Number

59-1704485

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

Country

28 Zip

Country

24 **33763**

25

29 **33763**

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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

**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

33763

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **HOGAN, ERNIE**
CITY-ST-ZIP **1099 MCMULLEN BOOTH RD
CLEARWATER FL**

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **S**
1.3 STREET ADDRESS **Tucker, Stanley**
1.4 CITY-ST-ZIP **2427 Finlandia Lane Apt 23
Clearwater, FL 33763**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **KEMPER, FRANCES**
CITY-ST-ZIP **2363 IGAELE DR., #51
CLEARWATER, FL 00000**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **Santangelo, Nicoles**
2.4 CITY-ST-ZIP **2440 World Pkwy #50
Clearwater, FL 33763**

TITLE ☐ DELETE
NAME **P**
STREET ADDRESS **SANTANGELO, NICOLE S.**
CITY-ST-ZIP **2440 WORLD PKWY #50
CLEARWATER FL**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **P**
3.3 STREET ADDRESS **Williams, Naomi**
3.4 CITY-ST-ZIP **1300 Ridge Ave
Clearwater, FL 33755**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **MCDONALD, THOMAS**
CITY-ST-ZIP **2431 FRANCISCAN DR #59
CLEARWATER, FL 00000**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP **33763**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SINDONI, JOE**
CITY-ST-ZIP **2361 EQUADORIAN WAY
CLEARWATER, FL 00000**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP **33763**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WALTON, WALT**
CITY-ST-ZIP **2441 PERSIAN DRIVE, #19
CLEARWATER FL**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP **33763**

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: **Thomas M. McDonald**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-98

(813) 799-2235

Date

Daytime Phone # 0000000

CR2E037 (10/97)