

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 # 741574

1. Corporation Name

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

Principal Place of Business

2069 WORLD PKWY
CLEARWATER FL 33763
US

Mailing Address

2431 FRANCISCAN DR
#59
CLEARWATER FL 33763
US

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90092 041 ****61.25

0064978



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

02/09/1978

4. FEI Number

59-1704485

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

MCDONALD, THOMAS
2431 FRANCISCAN DR
#59
CLEARWATER FL 33763

10. Name and Address of New Registered Agent

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 ☐ DELETE

S
NAME TUCKER, STANLEY
STREET ADDRESS 2427 FINLANDIA LN APT 23
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ DELETE

D
NAME SANTANGELO, NICOLE
STREET ADDRESS 2440 WORLD PKWY #50
CITY-ST-ZIP CLEARWATER FL 33763

TITLE ☐ DELETE

~~WILLIAMS, NAOMI~~
NAME
~~1300 RIDGE AVE~~
STREET ADDRESS
~~CLEARWATER FL 33755~~
CITY-ST-ZIP

TITLE ☐ DELETE

T
NAME MCDONALD, THOMAS
STREET ADDRESS 2431 FRANCISCAN DR #59
CITY-ST-ZIP CLEARWATER, FL 00000 33763

TITLE ☐ DELETE

~~SINDONI, JOE~~
NAME
~~2361 EQUADORIAN WAY~~
STREET ADDRESS
~~CLEARWATER, FL 00000 33763~~
CITY-ST-ZIP

TITLE ☐ DELETE

D
NAME WALTON, WALT
STREET ADDRESS 2441 PERSIAN DRIVE, #19
CITY-ST-ZIP CLEARWATER FL 33763

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-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P
Griffith, Paul
2231 Utopian Dr E #117
Clearwater, FL 33763

D
Kemper, Frances
2363 Israeli Dr #51
Clearwater, FL 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 with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-99

Date

727 799 2235

Daytime Phone #

CR2E037 (11/98)