FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
'95 MAR -2 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744132 (2)

1. Corporation Name
KIWANIS CLUB OF GOLDEN INDIANS, VENICE, FLORIDA, INC.

Principal Place of Business	Mailing Address
C/O HERBERT ISERMAN 960 E. BONAIRE AVENUE VENICE FL 34292	C/O HERBERT ISERMAN 960 E. BONAIRE AVENUE VENICE FL 34292

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/01/1978
3a. Date of Last Report: 02/22/1994
4. FEI Number: 59-1975845 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 c/o LOUIS SCHWARTZ	26 c/o LOUIS SCHWARTZ
Suite, Apt. #, etc. 22 975 VINCENT AVE	Suite, Apt. #, etc. 27 975 VINCENT AVE
City & State 23 VENICE, FLORIDA	City & State 28 VENICE, FLORIDA
Zip / Country 24 34292 / 25 Sarasota	Zip / Country 29 34292 / 30 SARASOTA

9. Name and Address of Current Registered Agent

ISERMAN, HERBERT
960 E. BONAIRE AVENUE
VENICE FL 34292

10. Name and Address of New Registered Agent

81 Name: SCHWARTZ, LOUIS
82 Street Address (P.O. Box Number is Not Acceptable): 975 VINCENT
83
84 City: VENICE FL 85 Zip Code: 34292

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: L Schwartz — 2-23-95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	BOCK, GEORGE	12 NAME	USSERY, LLOYD	
STREET ADDRESS	962 YBOR	13 STREET ADDRESS	1246 N. INDIES CIRCLE	
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP	VENICE FL 34292	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	BECHTEL, PAUL	22 NAME		
STREET ADDRESS	953 YBOR AVENUE	23 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP		
TITLE	VPD	31 TITLE	VPD (FIRST)	☒ Change ☐ Addition
NAME	USSERY, LLOYD	32 NAME	CURTIS, PAUL	
STREET ADDRESS	1246 N. INDIES CIRCLE	33 STREET ADDRESS	902 WINDEMERE	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	VENICE FL 34292	
TITLE	VPD	41 TITLE	VPD (SECOND)	☒ Change ☐ Addition
NAME	PAUL, CURTIS	42 NAME	FOSTER, WORTH	
STREET ADDRESS	902 WINDEMERE	43 STREET ADDRESS	912 TRINIDAD	
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP	VENICE FL 34292	
TITLE	SD	51 TITLE	SD	☒ Change ☐ Addition
NAME	ISERMAN, C HERBERT	52 NAME	SCHWARTZ, LOU	
STREET ADDRESS	960 BONAIRE	53 STREET ADDRESS	975 VINCENT	
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP	VENICE FL 34292	
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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: Paul Bechtel PAUL BECHTEL 02-02-95 813-484-4718
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0004417