


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 16 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 744132 (2) 1. Corporation Name Kiwanis Club of Golden Indians, Venice, Florida, Inc. | | | |
| Principal Place of Business c/o Louis Schwartz 375 Vincent Ave Venice FL 34292 US | | Mailing Address c/o Louis Schwartz 975 Vincent Ave Venice FL 34292 US | |
| 2. Principal Place of Business 21 c/o Paul Bechtel Suite, Apt. #, etc. 22 953 YBOR AVE E. City & State 23 VENICE FL 34292 Zip Country 24 34292 25 US | | 2a. Mailing Address 26 c/o PAUL BECHTEL Suite, Apt. #, etc. 27 953 YBOR AVE E. City & State 28 VENICE FL Zip Country 29 34292 30 US | |
| 3. Date Incorporated or Qualified 09/01/1978 | | 3a. Date of Last Report 02/03/1996 | |
| 4. FEI Number 59-1975845 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |
| 9. Name and Address of Current Registered Agent SCHWARTZ, LOUIS 975 VINCENT VENICE FL 34292 | | 10. Name and Address of New Registered Agent 81 Name BECHTEL, PAUL 82 Street Address (P.O. Box Number is Not Acceptable) 953 YBOR AVE E. 83 84 City VENICE FL 85 Zip Code 34292 | |
| 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 PAUL BECHTEL <i>Paul Bechtel</i> 04/09/1997 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | |
| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VPD FOSTER, WORTH 912 TRINIDAD VENICE FL 34292 | <input type="checkbox"/> DELETE | 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP TD BECHTEL, PAUL 953 YBOR AVENUE VENICE FL 34292 | <input type="checkbox"/> DELETE | 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP PD CURTIS, PAUL 902 WINDEMERE VENICE FL 34292 | <input type="checkbox"/> DELETE | 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP PD MC DUFFIE 646 BIRD BAY DR E VENICE, FL 34292 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP VD LA BARRE, LOU 950 SAND CAY VENICE FL 34292 | <input type="checkbox"/> DELETE | 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP SD SCHWARTZ, LOU 975 VINCENT VENICE FL 34292 | <input type="checkbox"/> DELETE | 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP SD HELGE, ROY 937 YBOR AVE E VENICE FL 34292 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> DELETE | 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 200002145552 -04/17/97--01003--008 ***61.25 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Paul Bechtel</i> PAUL BECHTEL <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | 04/09/1997 941-484-4718 <small>Date Daytime Phone #</small> | |

CR2E037 (9/96)