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Jan 27 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 # **744132** (2)

1. Corporation Name

KIWANIS CLUB OF GOLDEN INDIANS, VENICE, FLORIDA, INC.

Principal Place of Business

Mailing Address

C/O PAUL BECHTEL
953 YBOR AVENUE
VENICE FL 34292
US

C/O PAUL BECHTEL
953 YBOR AVENUE
VENICE FL 34292
US

3. Date Incorporated or Qualified

09/01/1978

4. FEI Number

59-1975845

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

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

BECHTEL, PAUL
953 YBOR AVENUE
VENICE FL 34292

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOSTER, WORTH	1.2 NAME	VPD
STREET ADDRESS	912 TRINIDAD	1.3 STREET ADDRESS	SCHONBERGER, ROBERT
CITY-ST-ZIP	VENICE FL	1.4 CITY-ST-ZIP	431 ANDROS AVE.
TITLE	TD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BECHTEL, PAUL	2.2 NAME	
STREET ADDRESS	953 YBOR AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCDUFFIE,	3.2 NAME	
STREET ADDRESS	646 BIRD BAY DRIVE E	3.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LA BARRE, LOU	4.2 NAME	
STREET ADDRESS	950 SAND CAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE F	4.4 CITY-ST-ZIP	
TITLE	SD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELGE, ROY	5.2 NAME	
STREET ADDRESS	937 YBOR AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	VENICE FL 34292	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

Paul Bechtel PAUL BECHTEL

01/19/98 941 484 4718

CR2E037 (10/97)