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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 744132

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/01/1978	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1975845	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

BECHTEL, PAUL
953 YBOR AVENUE
VENICE FL 34292

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

Paul Bechtel

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Jan 7, 1999

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD	1.1 TITLE	PD
NAME	SCHONBERGER ROBERT	1.2 NAME	Schoneberger Robert
STREET ADDRESS	431 ANDROS AVE	1.3 STREET ADDRESS	431 Andros Ave
CITY-ST-ZIP	VENICE FL 34292	1.4 CITY-ST-ZIP	Venice FL 34292
TITLE	TD	2.1 TITLE	
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	D
NAME	MCDUFFIE,	3.2 NAME	McDUFFIE WALTON
STREET ADDRESS	646 BIRD BAY DRIVE E	3.3 STREET ADDRESS	646 BIRD BAY DRIVE E
CITY-ST-ZIP	VENICE FL 34292	3.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	VD	4.1 TITLE	D
NAME	LA BARRE, LOU	4.2 NAME	BLOCHER JOHN
STREET ADDRESS	950 SAND CAY	4.3 STREET ADDRESS	918 YBOR AVE W
CITY-ST-ZIP	VENICE F	4.4 CITY-ST-ZIP	VENICE FL 34292
TITLE	SD	5.1 TITLE	
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	D
NAME		6.2 NAME	FULTON FRED
STREET ADDRESS		6.3 STREET ADDRESS	933 WINDEMERE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	VENICE FL 34292

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:

Paul Bechtel

REPAUL BECHTEL

1/7/99

941-484-4718

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)