

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

FILED

95 JAN 23 AM 9:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **747427** (3)
1. Corporation Name
KIWANIS CLUB OF FRIENDSHIP - SARASOTA, FLA, INC.

Principal Place of Business Mailing Address
1501 N ORANGE AVE. SARASOTA FL 34236 **P.O. BOX 1551 SARASOTA FL 34230**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Country 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified **05/30/1979** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-1764740** 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 601(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

9. Name and Address of Current Registered Agent
GALLAGHER, BETTY
5356 MYRTLEWOOD ST.
SARASOTA FL 34235
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 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: *Betty Gallagher* DATE: **1/17/95**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLAGHER, BETTY	1.2 NAME	
STREET ADDRESS	5356 MYRTLEWOOD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34235	1.4 CITY-ST-ZIP	
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REILLY, MARY H	2.2 NAME	S/T
STREET ADDRESS	2026 FERN AVE.	2.3 STREET ADDRESS	Reilly, Mary H
CITY-ST-ZIP	SARASOTA FL 34235	2.4 CITY-ST-ZIP	2026 Fern Ave.
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ECHOLS, DESI	3.2 NAME	
STREET ADDRESS	1719 22ND ST. Cancel	3.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34234	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHANDLER, RICHARD	4.2 NAME	Correct name spelling
STREET ADDRESS	3511 65 AVE CIRCLE E	4.3 STREET ADDRESS	Chandler
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUMBAY, GEORGE	5.2 NAME	
STREET ADDRESS	2744 20 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas E. Dahlgren	6.2 NAME	D
STREET ADDRESS	2350 Gulf Gate Drive #190	6.3 STREET ADDRESS	Thomas E. Dahlgren
CITY-ST-ZIP	Sarasota, FL 34231	6.4 CITY-ST-ZIP	2350 Gulf Gate Drive #190

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for protection under 18 U.S.C. 1907(b)(4), 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: *Betty Gallagher* **Betty Gallagher** DATE: **1/17/95** **813-955-6293**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone #)