

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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



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

3. Date Incorporated or Qualified: **05/30/1979**  
3a. Date of Last Report: **01/23/1995**  
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**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent: **GALLAGHER, BETTY 5356 MYRTLEWOOD ST. SARASOTA FL 34235**  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GALLAGHER, BETTY</b>	1.2 NAME	<b>GALLAGHER, BETTY</b>
STREET ADDRESS	<b>5356 MYRTLEWOOD ST.</b>	1.3 STREET ADDRESS	<b>5356 MYRTLEWOOD ST.</b>
CITY-ST-ZIP	<b>SARASOTA FL 34235</b>	1.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34235</b>
TITLE	<b>ST</b> <input type="checkbox"/> DELETE	2.1 TITLE	<b>ST</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REILLY, MARY H</b>	2.2 NAME	<b>REILLY, MARY H.</b>
STREET ADDRESS	<b>2026 FERN AVE.</b>	2.3 STREET ADDRESS	<b>2026 FERN AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL</b>	2.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34235-8959</b>
TITLE	<b>S</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>P</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ECHOLS, DESI</b>	3.2 NAME	<b>RICHARD DANIELSON</b>
STREET ADDRESS	<b>1719 22ND ST.</b>	3.3 STREET ADDRESS	<b>1501 N. ORANGE AVE</b>
CITY-ST-ZIP	<b>SARASOTA FL 34234</b>	3.4 CITY-ST-ZIP	<b>SARASOTA, FL. 34236-2631</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHANDLER, RICHARD</b>	4.2 NAME	
STREET ADDRESS	<b>3511 65 AVE CIRCLE E</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUMBRAV, GEORGE</b>	5.2 NAME	
STREET ADDRESS	<b>2744 20 ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>SARASOTA FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 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: Mary H. Reilly (MARY H. REILLY) 1/31/96 941-953-5165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)