**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**
**AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)**

NONPROFIT CORPORATION ANNUAL REPORT
**1996**

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

**DOCUMENT # 747703 (7)**

1. Corporation Name
**KIWANIS CLUB OF ST. JAMES CITY, FLORIDA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8150 STRINGFELLOW RD<br>PO BOX 111<br>ST. JAMES CITY FL 33956 | 8150 STRINGFELLOW RD<br>PO BOX 111<br>ST. JAMES CITY FL 33956 |

| | |
|---|---|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

3. Date Incorporated or Qualified: **06/18/1979**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2372860** ☐ 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

9. **Name and Address of Current Registered Agent**
**JOHNSON, KARL L**
**2701 CLEVELAND AVE., SUITE 10**
**FT MYERS FL 33901**

10. **Name and Address of New Registered Agent**
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | P<br>SHEVLIN, MICHAEL<br>P O BOX 256 N/A<br>PINELAND FL | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | President<br>Walt Wszolek<br>2825 Tern Court<br>St James City, Fl 33956 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PE<br>WZOLEK, WALT<br>2825 TERN CORUT<br>ST. JAMES CITY FL | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | President Elect<br>Tom Guess<br>1425 SE 30th St<br>Cape Coral, Fl 33904 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | T<br>BARBE, LINDA<br>317 SE 17TH AVE<br>CAPE CORAL FL | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | Treasurer<br>Dale Dahlberg<br>4974 Needlefish Lane<br>St James City, Fl 33956 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>AMT, HANK<br>7981 DELLA BIITA<br>BOKEELIA FL | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | Director<br>Mary Hagan<br>15664 Bromeliad Road<br>Bokeelia, Fl 33922 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DEFUNIAK, H. R.<br>P.O. BOX 795 N/A<br>ST. JAMES CITY FL | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | Director<br>Theodore Mott<br>4940 Gulfgate Ln<br>St James City, Fl 33956 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>DAHLBERG, DALE<br>4974 NEEDLE FISH LANE<br>ST. JAMES CITY FL | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | Director<br>Skip Schwartz<br>2673 8th Avenue St James City Fl 33956 | ☒ Change ☐ Addition |

CR2E037 (3/96)

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:** [signature] 6-17-96 941 283 1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #