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May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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 PO BOX 111 ST. JAMES CITY FL 33956	8150 STRINGFELLOW RD PO BOX 111 ST. JAMES CITY FL 33956-0111

3. Date Incorporated or Qualified: 06/18/1979
3a. Date of Last Report: 06/20/1996

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

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 617.1506, 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	P	☐ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
NAME	WSZOLEK, WALT		1.2 NAME	TOM GUESS
STREET ADDRESS	2825 TERN COURT		1.3 STREET ADDRESS	1425 SE 30th ST
CITY-ST-ZIP	ST JAMES CITY FL		1.4 CITY-ST-ZIP	CAPE CORAL FL 33904
TITLE	PE	☐ DELETE	2.1 TITLE	PE ☒ Change ☐ Addition
NAME	GUESS, TOM		2.2 NAME	AMY KLAUSSNER
STREET ADDRESS	1425 SE 30TH STREET		2.3 STREET ADDRESS	9820 Stringfellow Rd
CITY-ST-ZIP	CAPE CORAL FL		2.4 CITY-ST-ZIP	ST JAMES CITY FL 33956
TITLE	T	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DAHLBERT, DALE		3.2 NAME	→ SAME
STREET ADDRESS	4974 NEEDLEFISH LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	HAGAN, MARY		4.2 NAME	→ SAME
STREET ADDRESS	15864 BROMELIAD ROAD		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOKEELIA FL		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MOTT, THEODORE		5.2 NAME	→ Same 5-8-97
STREET ADDRESS	4940 GULFGATE LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ST JAMES CITY FL		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	SCHWARTZ, SKIP		6.2 NAME	→ 000002184520
STREET ADDRESS	2673 8TH AVENUE		6.3 STREET ADDRESS	-05/20/97--01009--040
CITY-ST-ZIP	ST. JAMES CITY FL		6.4 CITY-ST-ZIP	***61.25

CR2E037 (9/96)

14. I do 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: Thomas F. Shepherd TYPED President 4-25-97 941 283 1899
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0067849