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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 AM 9:45

DOCUMENT # 762331 (7)

1. Corporation Name

KIWANIS CLUB OF BAREFOOT BAY, FLORIDA., INC.

Principal Place of Business	Mailing Address
925 HEMLOCK ST BAREFOOT BAY FL 32976	601 ROYAL FERN BAREFOOT BAY FL 32976 US
930 HEMLOCK ST.	601 ROYAL TERN

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/09/1982
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-2094324 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 BAREFOOT BAY	26 BAREFOOT BAY
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 FL	City & State 28 FL
Zip 24 32976 County 25 BREVARD	Zip 29 32976 County 30 BREVARD

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 501(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

WARNER, IRVING
601 ROYAL FERN
BAREFOOT BAY FL 32976

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 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 _____ 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	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	PREIKSCHAT, ROBERT	1.2 NAME	CECKOWSKI FRANK
STREET ADDRESS	604 AMARYLLIS DR.	1.3 STREET ADDRESS	930 HEMLOCK ST.
CITY-ST-ZIP	BAREFOOT BAY FL	1.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	VPD	2.1 TITLE	VPD ☒ Change ☐ Addition
NAME	CECKOWSKI, FRANK	2.2 NAME	MOSELEY VERNONIA
STREET ADDRESS	930 HEMLOCK ST.	2.3 STREET ADDRESS	407 COACH RD
CITY-ST-ZIP	BAREFOOT BAY FL	2.4 CITY-ST-ZIP	SATELLITE BEACH FL. 32937-4021
TITLE	D	3.1 TITLE	D ☒ Change ☐ Addition
NAME	KRAMER, RAYMOND	3.2 NAME	KRAMER RAYMOND
STREET ADDRESS	925 HEMLOCK STREET	3.3 STREET ADDRESS	925 HEMLOCK ST.
CITY-ST-ZIP	BAREFOOT BAY FL	3.4 CITY-ST-ZIP	BARE FOOT BAY FL. 32976
TITLE	SD	4.1 TITLE	SD ☒ Change ☐ Addition
NAME	PEARSON, RICHARD	4.2 NAME	RAND PALL
STREET ADDRESS	1217 CALUSA DRIVE	4.3 STREET ADDRESS	1216 CALUSA DRIVE
CITY-ST-ZIP	BAREFOOT BAY FL	4.4 CITY-ST-ZIP	BAREFOOT BAY FL 32976
TITLE	D	5.1 TITLE	D ☒ Change ☐ Addition
NAME	CRAIGIE, ROBERT	5.2 NAME	FREDERICKS GEORGE
STREET ADDRESS	717 N. OLEANDER CIRCLE	5.3 STREET ADDRESS	927 HEMLOCK ST.
CITY-ST-ZIP	BAREFOOT BAY FL	5.4 CITY-ST-ZIP	BARE FOOT BAY FL. 32976
TITLE	TD	6.1 TITLE	TD ☒ Change ☐ Addition
NAME	WARNER, IRVING	6.2 NAME	WARNER IRVING
STREET ADDRESS	601 ROYAL FERN	6.3 STREET ADDRESS	601 ROYAL TERN
CITY-ST-ZIP	BAREFOOT BAY FL	6.4 CITY-ST-ZIP	BARE FOOT BAY FL 32976

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: Irving Warner IRVING WARNER 4/11/95 6641810
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0097087