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Feb 13 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 # 762331 (7)  
1. Corporation Name  
KIWANIS CLUB OF BAREFOOT BAY, FLORIDA., INC.



Principal Place of Business Mailing Address  
1217 CALUSA DRIVE BAREFOOT BAY FL 32976 US  
601 ROYAL TERN BAREFOOT BAY FL 32976-7357 US

3. Date Incorporated or Qualified 03/09/1982 3a. Date of Last Report 02/12/1996

2. Principal Place of Business 21 403 S Seagull Suite, Apt. #, etc. 22 City & State 23 Barefoot Bay, Fl 24 Zip 32976 Country USA	2a. Mailing Address 26 1213 Calusa Drive Suite, Apt. #, etc. 27 City & State 28 Barefoot Bay, Fl 32976 29 Zip 32976 Country USA	4. FEI Number 59-2094324 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

SMITH, SR J R  
1329 TULIP COURT  
BAREFOOT BAY FL 32976

10. Name and Address of New Registered Agent

81 Name Helen E. Johnson  
82 Street Address (P.O. Box Number is Not Acceptable) 1213 Calusa Drive  
83 City Barefoot Bay, Fl 32976  
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 Helen E. Johnson, Secretary

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE 2/6/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME PEARSON, RICHARD STREET ADDRESS 1217 CALUSA DRIVE CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	1.1 TITLE PD 1.2 NAME Roger Ryskamp 1.3 STREET ADDRESS 403 S Seagull 1.4 CITY-ST-ZIP Barefoot Bay, FL 32976	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VPD NAME SAHLI, DONALD STREET ADDRESS 1214 WEST BAREFOOT CIRCLE CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	2.1 TITLE VPD 2.2 NAME Richard Swart 2.3 STREET ADDRESS 1209 E Iroquois 2.4 CITY-ST-ZIP Barefoot Bay, Fl 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME TRYGAR, MATTHEW STREET ADDRESS 420 OSPREY DRIVE CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SMITH, SR J R STREET ADDRESS 1329 TULIP COURT CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	4.1 TITLE SD 4.2 NAME Helen E. Johnson 4.3 STREET ADDRESS 1213 Calusa Drive 4.4 CITY-ST-ZIP Barefoot Bay, Fl 32976	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME WESCHLER, EUGENE STREET ADDRESS 1023 ROYAL PALM DRIVE CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME PETIG, FRED STREET ADDRESS 616 EAST OLEANDER CIRCLE CITY-ST-ZIP BAREFOOT BAY FL	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Helen E. Johnson, Secretary

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/6/97

Daytime Phone # 0021072

CP2E037 (9/96)