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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 15 PM 3:13

DOCUMENT # 763803 (4)

1. Corporation Name
KIWANIS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business	Mailing Address
8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952	8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/1982
3a. Date of Last Report: 02/21/1994
4. FEI Number: 59-2667221 ☐ 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
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

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

9. Name and Address of Current Registered Agent

RAY, CHARLES
8000 S. U.S. 1, SUITE 400
PORT ST. LUCIE FL 34952

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	D	1.1 TITLE	P ☐ Change ☒ Addition
NAME	FEROR, BOB	1.2 NAME	Jerry B. Nord
STREET ADDRESS	8000 S. U.S. 1 SUITE 400	1.3 STREET ADDRESS	743 S.E. Autumn Terrace
CITY-ST-ZIP	PORT ST. LUCIE FL	1.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34983
TITLE	PD	2.1 TITLE	D ☐ Change ☐ Addition
NAME	RAY, CHARLES	2.2 NAME	CHARLES RAY
STREET ADDRESS	8000 S. U.S. 1 SUITE 400	2.3 STREET ADDRESS	8000 S.U.S. 1 Suite 400
CITY-ST-ZIP	PORT ST. LUCIE FL	2.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE	D	3.1 TITLE	T ☐ Change ☒ Addition
NAME	SMITH, HERBERT	3.2 NAME	George Nicholas
STREET ADDRESS	524 S.W. ESTER AVENUE	3.3 STREET ADDRESS	2022 SE Pyramid Rd
CITY-ST-ZIP	PORT ST. LUCIE FL 34952	3.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE	S	4.1 TITLE	V ☒ Change ☐ Addition
NAME	FORTE, MICHAEL	4.2 NAME	Michael Forte
STREET ADDRESS	354 NE SURFSIDE AVE	4.3 STREET ADDRESS	354 N.E. Surfside Ave.
CITY-ST-ZIP	PORT ST. LUCIE FL	4.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34983
TITLE	T	5.1 TITLE	V ☒ Change ☐ Addition
NAME	CLEGHORN, LYNNE	5.2 NAME	Lynne Cleghorn
STREET ADDRESS	1690 GREEN ACRES FF 103	5.3 STREET ADDRESS	1690 Green Acres Circle FF103
CITY-ST-ZIP	PORT ST. LUCIE FL	5.4 CITY-ST-ZIP	Pt. St. Lucie, FL 34952
TITLE		6.1 TITLE	S ☐ Change ☒ Addition
NAME		6.2 NAME	Scott Owens
STREET ADDRESS		6.3 STREET ADDRESS	5908 Pinetree Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Ft. Pierce, FL 34982

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)(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: Jerry B. Nord JERRY B. NORD 2/7/95 (407) 878-6518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000630