FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # 763803 (4)

1. Corporation Name

KIWANIS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

400001743044
-03/14/96--01055--003

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

3. Date Incorporated or Qualified: 06/18/1982 | 3a. Date of Last Report: 02/15/1995

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

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: MICHAEL FORTE
82 Street Address (P.O. Box Number is Not Acceptable): 354 NE SURFSIDE AVE.
83
84 City: PORT ST. LUCIE FL 85 Zip Code: 34983

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: Michael Forte MICHAEL FORTE / PRESIDENT 2-5-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	DIRECTOR	☒ Change
NAME	FEROR, BOB		1.2 NAME	NICOLAS, GEORGE	
STREET ADDRESS	8000 S. U.S. 1 SUITE 400		1.3 STREET ADDRESS	2022 SE PYRAMID RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL		1.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	☒ DELETE	2.1 TITLE	VICE-PRESIDENT	☒ Change
NAME	RAY, CHARLES		2.2 NAME	CUANCY, MICHAEL	
STREET ADDRESS	8000 S. U.S. 1 SUITE 400		2.3 STREET ADDRESS	2013 SE HANFORD RD.	
CITY-ST-ZIP	PORT ST. LUCIE FL		2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	D	☒ DELETE	3.1 TITLE	TREASURER	☒ Change ☐ Addition
NAME	SMITH, HERBERT		3.2 NAME	GREGORIAN, GERALDINE	
STREET ADDRESS	524 S.W. ESTER AVENUE		3.3 STREET ADDRESS	2302 SE GRAND DR	
CITY-ST-ZIP	PORT ST. LUCIE FL 34952		3.4 CITY-ST-ZIP	PORT ST LUCIE, FL 34952	
TITLE	V	☒ DELETE	4.1 TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	FORTE, MICHAEL		4.2 NAME	NORD, JERRY	
STREET ADDRESS	354 NE SURFSIDE AVE		4.3 STREET ADDRESS	743 AUTUMN TERRACE	
CITY-ST-ZIP	PORT ST. LUCIE FL		4.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34952	
TITLE	V	☒ DELETE	5.1 TITLE	SECRETARY	☒ Change ☐ Addition
NAME	CLEGHORN, LYNNE		5.2 NAME	RICHARDSON, STUART	
STREET ADDRESS	1690 GREEN ACRES FF 103		5.3 STREET ADDRESS	5442 PALMETTO AVE.	
CITY-ST-ZIP	PORT ST. LUCIE FL		5.4 CITY-ST-ZIP	FORT PIERCE, FL 34982	
TITLE	P	☒ DELETE	6.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	NORD, JERRY B		6.2 NAME	MICHAEL FORTE	
STREET ADDRESS	743 SE AUTUMN TERRACE		6.3 STREET ADDRESS	354 NE SURFSIDE AVE.	
CITY-ST-ZIP	PT. ST. LUCIE FL		6.4 CITY-ST-ZIP	PORT ST. LUCIE, FL 34983	

CR2E037 (12/95)

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: Michael Forte MICHAEL FORTE PRES. 2-5-96 (407) 221-4096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #