

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90024 036 ****61.25

DOCUMENT # 765014

1. Entity Name
KIWANIS CLUB OF GULF COAST FOUNDATION, INC.



Principal Place of Business
**5142 FAR OAKS CIRCLE
SARASOTA, FL 34238**

Mailing Address
**1432 FIRST STREET
SARASOTA, FL 34236**

50006764



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01152005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2288747

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**DRAKE, J. KEVIN
1432 FIRST STREET
SUITE C
SARASOTA, FL 34236**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
☐ Trust Fund Contribution

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete
NAME **WORTHINGTON, MICHAEL**
STREET ADDRESS **3793 STERLING ROAD**
CITY-ST-ZIP **VENICE, FL 34293**

TITLE **PD** ☐ Change ☒ Addition
NAME **FLEEMAN, BILL**
STREET ADDRESS **4713 Meadow View Circle**
CITY-ST-ZIP **Sarasota, FL 34233**

TITLE **CHAI** ☒ Delete
NAME **VOLMERING, ROBERT**
STREET ADDRESS **760 SUFFOLK CIRCLE**
CITY-ST-ZIP **NOKOMIS, FL 34275**

TITLE **D** ☐ Change ☒ Addition
NAME **SALMON, BARNEY**
STREET ADDRESS **1891 Wisteria Street**
CITY-ST-ZIP **Sarasota, FL 34239**

TITLE **D** ☐ Delete
NAME **L'ANIER, JAMES H**
STREET ADDRESS **8510 COASH LANE**
CITY-ST-ZIP **SARASOTA, FL 34241**

TITLE **D** ☐ Change ☒ Addition
NAME **ST. PIERRE, FRANK**
STREET ADDRESS **7901 Umbrella Pine Way**
CITY-ST-ZIP **Sarasota, FL 34241**

TITLE **SD** ☐ Delete
NAME **SCHILLER, IRWIN**
STREET ADDRESS **5142 FAR OAK CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Delete
NAME **WOODS, CHARLES**
STREET ADDRESS **8229 FAR OAKS CIRCLE**
CITY-ST-ZIP **SARASOTA, FL 34238**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **DRAKE, J KEVIN**
STREET ADDRESS **1432 FIRST STREET**
CITY-ST-ZIP **SARASOTA, FL 34236**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael K Worthington
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-21-05 (941) 366-1931

Michael K Worthington, Treasurer/Director