FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB 17 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768489 (7)

1. Corporation Name
KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

Principal Place of Business	Mailing Address
1625 W. MARION AVE., SUITE 6 PUNTA GORDA FL 33951-7777	1625 W. MARION AVE., SUITE 6 PUNTA GORDA FL 33951-7777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/17/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2379416 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
21	26 P.O. Box 273		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
22	27		
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	$68.75 Supplemental Fee Not Required
23	28 Punta Gorda, FL		
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
24 / 25	29 33951 / 30		

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
WEBB, SANKEY E., III 1625 WEST MARION AVENUE SUITE 6 PUNTA GORDA FL 33950-2339	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	T	1.1 TITLE T	☒ Change ☐ Addition
NAME	~~MORRELLO, TOM~~	1.2 NAME	Craig DeYoung
STREET ADDRESS	~~2311 HARBORVIEW RD~~	1.3 STREET ADDRESS	1100 Tamiami Trail
CITY-ST-ZIP	~~CHARLOTTE HARBOR FL~~	1.4 CITY-ST-ZIP	Port Charlotte, FL 33953
TITLE	PT	2.1 TITLE PT	☒ Change ☐ Addition
NAME	~~WEBB, SANKEY E, III~~	2.2 NAME	L. Victor Desguin
STREET ADDRESS	~~1625 W. MARION AVENUE SUITE 6~~	2.3 STREET ADDRESS	18500 Murdock Circle
CITY-ST-ZIP	~~PUNTA GORDA FL~~	2.4 CITY-ST-ZIP	Port Charlotte, FL 33948
TITLE	ST	3.1 TITLE ST	☒ Change ☐ Addition
NAME	~~DOUGHERTY, RAY~~	3.2 NAME	Lee Swift
STREET ADDRESS	~~017 DUPIN AVE~~	3.3 STREET ADDRESS	1064 Harbour Way Place
CITY-ST-ZIP	~~PT CHARLOTTE FL~~	3.4 CITY-ST-ZIP	Punta Gorda, FL 33983
TITLE	VT	4.1 TITLE VT	☒ Change ☐ Addition
NAME	~~TALLEY, ROBERT~~	4.2 NAME	Kay Hamlin
STREET ADDRESS	~~1694 VISCAYA DR~~	4.3 STREET ADDRESS	2000 Rio DeJaneiro
CITY-ST-ZIP	~~PORT CHARLOTTE FL~~	4.4 CITY-ST-ZIP	PuntaGorda, FL 33983
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 2/13/95 813-624-5400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
CRAIG DEYOUNG, TREASURER

0017243