FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State .* ** DIVISION OF CORPORATIONS

DOCUMENT #

KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

Principal Place of Business 1625 W. MARION AVE., SUITE 6 PUNTA GORDA FL \$3951-7777

Mailing Address

PO BOX 273

PUNTA GORDA FL 33951-0273

FILED Mar 17 1997 8:00am Secretary of State



3. Date Incorporated or Qualified 3a. Date of Last Report

<u> </u>								i	05/17/1983 02/14/			<i>7</i> 0	
2. 21	Principal Pl	ace of Busin	ness	2a, Mailir 26	28. Mailing Address 26				4. FEI Number 59-2379416	Applied For Not Applicable			
_	Suite, Apt. (#, etc.		Suite,	Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required			
23	City & State			City 8	City & State				Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
24	Zip		Country 25	Zip 29	¬ ' ├¬			This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
		9. Name	and Address of Curre	nt Registered	Agent				10. Name and Address of New Reg	stered Agent			
MEDD CANDEN F III							Name Street Address (P.O. Box Number is Not Acceptable)						
						83	83						
PUNTA GORDA FL 33950-2339						84	City			85	Zip C	ode	
<u> </u>										FL			
11	office or re agent. I ar	egistered ac	ions of Sections 617.05 jent, or both, in the Sta ith, and accept the obli	e of Florida, Suc	ch change was	authorized b	y the co	d corpo rporatio	ration submits this statement for the pun's board of directors. I hereby accept	rpose of chang the appointme	ging its ent as r	registered egistered	
Sit	GNATURE _	Signature, typed	or printed name of registered a	gent and title it applica	atre (NC	TE Registered Ag	ent signatu	re required	when reinstating)	DATE			
12			OFFICERS A	ND DIRECTORS		13.			ADDITIONS/CHANGES TO OFFICE			S IN 12	
TITL	LE	TD			☐ DELETE	1.1 TITLE				□ ¢r	ange	Addition	
NA	ME Ì	DEYOU	NG, CRAIG			1.2 NAME							
STF	REET ADDRESS		amiami trail			1.3 STREE	i address						
CIT	Y-ST-ZIP	PORT C	HARLOTTE FL			1.4 CITY -	ST-ZIP						
· TIT	LE	VD			XX DELETE	2.1 TITLE				Ch	ange	Addition	
NAJ	ME	DOUGH	ierty, raymond			2.2 NAME							
STA	REET ADDRESS	917 DU	PIN AVENUE			2.3 STREE	t address		_				
	Y-ST-ZIP		<u> HARLOTTE FL 3395</u>	4	,	2 4 CiTY-	ST-ZIP	L,		-			
TITE	LE j	SD			☐ DELETE	3.1 TITLE		P/	D	∑X CH	ange	Addition	
NAJ	ME	SWIFT,		_		3.2 NAME		Ì					
STF	reet address		ARBOUR WAY PLAC	E		3.3 STREE	T ADDRESS	1					
	Y-ST-ZIP	PUNTA	GORDA FL			3.4. CITY-	ST-ZIP						
TITL	LE	PD			DELETE	4.1 TITLE		D		[ːx t ch	ange	Addition	
NA	ME	HAMLIN				4. 2 NAME							
STR	REET ADDRESS		O DEJANEIRO			4.3 STREE	T ADDRESS	}					
	Y-ST-ZIP	PUNTA	GORDA FL			4.4 CITY-	ST-ZIP	<u> </u>				V-17	
TITL	1				DELETE	5.1 TITLE		S/	D NIOD DODDOG 2	☐ Cr	ange	XX Addition	
NAJ	ł					5.2 NAME		,	YLOR, ROBERT C.				
	REET ADDRESS						T ADDRESS	1	222 Calle Bonito				
_	Y-ST-ZIP	 ,	· · · · · · · · · · · · · · · · · · ·		DECETE	5.4 CITY-	ST - ZIP	Pι	<u>unta Gorda, FL 3</u>	3982		A Labert	
TITL					DELETE	6.1 TITLE				. □ ci	ange	☐ Addition	
NAI				1		6.2 NAME		1					
_	REET ADDRESS			/ .			1 Address						
CIT	Y-ST-ZIP	00 00 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	t the information	ad with the file	a done not a :-	6.4 CITY-	ST-ZIP	otated :	n Cooling 110 07/2)/// Florida Chattan	I further com	, sh 4 4	ho	
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 eath; 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 3 if changed, or on an attachment with an address.													
_	IALIAT	ibe.	1 11 11 11 11 11	TO STATE OF	2		1 1		2/10/612	9///	/ > /	11	