

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 02, 2004
Secretary of State**

DOCUMENT# 768489

Entity Name: KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.

Current Principal Place of Business:

1625 W. MARION AVE., SUITE 6
PUNTA GORDA, FL 339517777

New Principal Place of Business:

Current Mailing Address:

1625 W. MARION AVE., SUITE 6
PUNTA GORDA, FL 339517777 US

New Mailing Address:

FEI Number: 59-2379416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEBB, SANKEY E., III
1625 WEST MARION AVENUE
SUITE 6
PUNTA GORDA, FL 339502339 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: DEYOUNG, CRAIG
Address: 1100 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL

Title: TD () Delete
Name: NAYLOR, ROBERT C
Address: 2222 CALLE BONITO
City-St-Zip: PUNTA GORDA, FL

Title: D () Delete
Name: SWIFT, LEE
Address: 1064 HARBOUR WAY PLACE
City-St-Zip: PUNTA GORDA, FL

Title: DS () Delete
Name: CARPENTER, ROBERT R
Address: 813 CORDELE AVE
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: D () Delete
Name: WEBB, III, SANKEY E
Address: 1625 W. MARION AVE., #6
City-St-Zip: PUNTA GORDA, FL 33950

Title: PD () Delete
Name: TAYLOR, C R
Address: 26055 TATTERSALL LANE
City-St-Zip: DEEP CREEK, FL 33983

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DEYOUNG, CRAIG
Address: 1100 TAMIAMI TRAIL
City-St-Zip: PORT CHARLOTTE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DS (X) Change () Addition
Name: HURLEY, LARRY
Address: 736 ELLICOTT CIRCLE, S
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPD (X) Change () Addition
Name: KLOSSNER, WILLIAM
Address: 405 SCARLET SAGE
City-St-Zip: PUNTA GORDA, FL 33955

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANKEY E. WEBB, III

D

02/02/2004

Electronic Signature of Signing Officer or Director

_____ Date