

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90033 011 \*\*\*\*61.25

**DOCUMENT # 768489**

1. Entity Name  
**KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.**



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

Mailing Address  
**1625 W. MARION AVE., SUITE 6  
PUNTA GORDA, FL 33951-7777 US**

00007416



2. Principal Place of Business  
**1133 Bal Harbor Blvd**

3. Mailing Address  
**1133 Bal Harbor Blvd.,**

Suite, Apt. #, etc.  
**Suite 1135**

Suite, Apt. #, etc.  
**Suite 1135**

01182006 Chg-NP CR2E037 (11/05)

City & State  
**Punta Gorda, FL**

City & State  
**Punta Gorda, FL**

4. FEI Number  
**59-2379416**

Applied For  
Not Applicable

Zip  
**33950**

Country  
**USA**

Zip  
**33950**

Country  
**USA**

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**

**WEBB, SANKEY E., III  
1625 WEST MARION AVENUE  
SUITE 6  
PUNTA GORDA, FL 33950-2339**

Name

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

**1133 Bal Harbor Blvd., Suite 1135**

City  
**Punta Gorda**

FL Zip Code  
**33950**

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, 2006**

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 **D** ☐ Delete  
NAME **DEYOUNG, CRAIG**  
STREET ADDRESS **1100 TAMiami TRAIL**  
CITY-ST-ZIP **PORT CHARLOTTE, FL**

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

TITLE **TD** ☐ Delete  
NAME **NAYLOR, ROBERT C**  
STREET ADDRESS **2222 CALLE BONITO**  
CITY-ST-ZIP **PUNTA GORDA, FL**

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

TITLE **VPD** ☐ Delete  
NAME **WRIGHT, RICHARD**  
STREET ADDRESS **1335 MINEO DRIVE, UNIT C**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE **P** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **DS** ☐ Delete  
NAME **HURLEY, LARRY**  
STREET ADDRESS **736 ELLICOTT CIRCLE, S**  
CITY-ST-ZIP **PORT CHARLOTTE, FL 33952**

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

TITLE **D** ☐ Delete  
NAME **WEBB, III, SANKEY E**  
STREET ADDRESS **1625 W. MARION AVE., #6**  
CITY-ST-ZIP **PUNTA GORDA, FL 33950**

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **1133 Bal Harbor Blvd., #1135**  
CITY-ST-ZIP **Punta Gorda, FL 33950**

TITLE **PD** ☒ Delete  
NAME **KLOSSNER, WILLIAM**  
STREET ADDRESS **405 SCARLET SAGE**  
CITY-ST-ZIP **PUNTA GORDA, FL 33955**

TITLE ☐ Change ☐ Addition  
NAME **VPD**  
STREET ADDRESS **Pattie Kuhar**  
CITY-ST-ZIP **1490 Tamiami Trail**  
**Port Charlotte, FL 33948**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Naylor, Treasurer**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/06 (941) 637-1621**  
Date Daytime Phone #