

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 768489**

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



Principal Place of Business  
**1133 BAL HARBOR BOULEVARD  
SUITE 1135  
PUNTA GORDA, FL 33950 US**

Mailing Address  
**1133 BAL HARBOR BOULEVARD  
SUITE 1135  
PUNTA GORDA, FL 33950 US**



02052007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-2379416**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**WEBB, SANKEY E., III  
1133 BAL HARBOR BOULEVARD  
SUITE 1135  
PUNTA GORDA, FL 33950**

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEYOUNG, CRAIG 1100 TAMiami TRAIL PORT CHARLOTTE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD NAYLOR, ROBERT C 2222 CALLE BONITO PUNTA GORDA, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WRIGHT, RICHARD 1335 MINEO DRIVE, UNIT C PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS HURLEY, LARRY 736 ELLICOTT CIRCLE, S PORT CHARLOTTE, FL 33952
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WEBB, III, SANKEY E 1133 BAL HARBOR BOULEVARD SUITE 1135 PUNTA GORDA, FL 33950
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD KUJAR, PATTIE 1490 TAMiami TRAIL PORT CHARLOTTE, FL 33948

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03/01/07-80037-021 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Robert C. Naylor**

**2/16/07 (941)637-1621**

Date

Daytime Phone #