

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 06, 2003 8:00 am
Secretary of State

02-06-2003 90094 017 ****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**

22004184



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2379416**

Applied For

Not Applicable

Zip

Country

Zip

Country

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)

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

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

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

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

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

TITLE **D** ☐ Delete
NAME **SWIFT, LEE**
STREET ADDRESS **1064 HARBOUR WAY PLACE**
CITY-ST-ZIP **PUNTA GORDA FL**

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

TITLE **DS** ☐ Delete
NAME **CARPENTER, ROBERT R**
STREET ADDRESS **126 E OLYMPIA AVE 401**
CITY-ST-ZIP **PUNTA GORDA FL 33950**

TITLE **Robert** ☒ Change ☐ Addition
NAME **813 Cordelle Ave.**
STREET ADDRESS **Port Charlotte, FL 33948**
CITY-ST-ZIP

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

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

TITLE **VPD** ☐ Delete
NAME **TAYLOR, C R**
STREET ADDRESS **1093 KENSINGTON ST**
CITY-ST-ZIP **PORT CHARLOTTE FL 33952**

TITLE **PD** ☒ Change ☐ Addition
NAME **26055 Tattersall Ln.**
STREET ADDRESS **Deep Creek, FL 33983**
CITY-ST-ZIP

12. I 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 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** **2/2/03 (941) 637-1621**

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)