

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2004 8:00 am
Secretary of State

07-09-2004 90006 011 ****61.25

DOCUMENT # N00000001781

1. Entity Name
SANIBEL-CAPTIVA KIWANIS FOUNDATION, INC.



Principal Place of Business
**4629 BROWARD BAYOU
SANIBEL ISLAND, FL 33957**

Mailing Address
**P.O. BOX 1
SANIBEL ISLAND, FL 33957**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

07012004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
31-1706286

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

**DERLETH, HARLEY R
1191 MIDDLE GULF DRIVE 3A
SANIBEL ISLAND, FL 33957**

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

**Filing Fee is \$61.25
Due by September 8, 2004**

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 **KUCABA, STAN**
STREET ADDRESS **P.O. BOX 1**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **D** ☐ Change ☒ Addition
NAME **MIKE ROBISON**
STREET ADDRESS **PO BOX 1**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☒ Delete
NAME **MULLINS, STEVE**
STREET ADDRESS **3024 TURTLE GATE LANE**
CITY-ST-ZIP **SANIBEL, FL 33957**

TITLE **S** ☐ Change ☒ Addition
NAME **DAVE BUNCH**
STREET ADDRESS **PO BOX 1**
CITY-ST-ZIP **SANIBEL FL 33957**

TITLE **D** ☐ Delete
NAME **DERLETH, HARLEY R**
STREET ADDRESS **1191 MIDDLE GULF DRIVE 3A**
CITY-ST-ZIP **SANIBEL, FL 33957**

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

TITLE **D** ☐ Delete
NAME **CZECH, DON**
STREET ADDRESS **P.O. BOX 1**
CITY-ST-ZIP **SANIBEL, FL 33957**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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: **DON CZECH**

1 July 2004 (239) 437-9499

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #