

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N05000007660

1. Entity Name
**ABERNATHY PORT CHARLOTTE KIWANIS
FOUNDATION, INC.**



Principal Place of Business
3440 CONWAY BLVD STE 1 A
PORT CHARLOTTE, FL 33952

Mailing Address
3440 CONWAY BLVD STE 1 A
PORT CHARLOTTE, FL 33952



01302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3272490

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

LEVIN, ALLEN J
3440 CONWAY BLVD STE 1 A
PORT CHARLOTTE, FL 33952

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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, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T
NAME	HURLEY, LAWRENCE
STREET ADDRESS	1412 WALBERG ST
CITY-ST-ZIP	NORTH PORT, FL 34288
TITLE	TP
NAME	LEVIN, ALLEN J
STREET ADDRESS	1238 VERMEER DRIVE
CITY-ST-ZIP	NOKIMIS, FL 34275
TITLE	T
NAME	AZAR-LEVIN, GABRIELLE
STREET ADDRESS	1238 VERMEER DRIVE
CITY-ST-ZIP	NOKIMIS, FL 34275
TITLE	T
NAME	JOHNSON, LEROY
STREET ADDRESS	2465 ELKCAM BLVD
CITY-ST-ZIP	PORT CHARLOTTE, FL 33952
TITLE	T
NAME	SPYRIE, CATHERINE
STREET ADDRESS	21015 BAFFIN AVENUE
CITY-ST-ZIP	PORT CHARLOTTE, FL 33954
TITLE	TST
NAME	TALLEY, ROBERT
STREET ADDRESS	13380 SW PEMBROKE CIRCLE
CITY-ST-ZIP	LAKE SUZY, FL 34269

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04/09/08-80029-017 61.25

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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

Date

Daytime Phone #

Allen J. Levin **Allen J. Levin, Pres** **3/21/08** **941 625-4189**