

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007660

FILED  
Jan 20, 2012  
Secretary of State

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

**Current Principal Place of Business:**

3440 CONWAY BLVD .  
SUITE 1A  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

**Current Mailing Address:**

3440 CONWAY BLVD.  
SUITE 1A  
PORT CHARLOTTE, FL 33952

**New Mailing Address:**

**FEI Number:** 20-3272490

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LEVIN, ALLEN J  
3440 CONWAY BLVD .  
SUITE 1A  
PORT CHARLOTTE, FL 33952 US

**Name and Address of New Registered Agent:**

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.

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** T  
**Name:** HURLEY, LAWRENCE  
**Address:** 1412 WALBERG ST  
**City-St-Zip:** NORTH PORT, FL 34288

**Title:** TP  
**Name:** LEVIN, ALLEN J  
**Address:** 1238 VERMEER DRIVE  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** TS  
**Name:** AZAR-LEVIN, GABRIELLE  
**Address:** 1238 VERMEER DRIVE  
**City-St-Zip:** NOKOMIS, FL 34275

**Title:** T  
**Name:** JOHNSON, LEROY  
**Address:** 2465 ELKCAM BLVD  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** T  
**Name:** VACCA, SUSAN  
**Address:** 3417-C TAMiami TRAIL  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** TT  
**Name:** GERACE, CATHERINE  
**Address:** 700 JARVIS STREET  
**City-St-Zip:** PORT CHARLOTTE, FL 33980

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** ALLEN J. LEVIN

TP

01/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date