CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

AMENDED AND FILED

95 MAY -1 PM 1:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N07342 (1)

1. Corporation Name

PORT CHARLOTTE KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
3440 CONWAY BOULEVARD SUITE 1 A PORT CHARLOTTE FL 33952-7034 US	3440 CONWAY BOULEVARD SUITE 1 A PORT CHARLOTTE FL 33952-7034 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/29/1985

3a. Date of Last Report: 05/01/1994

4. FEI Number: 59-2344261 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)	5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)	6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
City & State (23)	City & State (28)	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
Zip (24) Country (25)	Zip (29) Country (30)	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LEVIN, ALLEN J.
3440 CONWAY BOULEVARD
PORT CHARLOTTE FL 33950

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	LANIGAN, RICHARD	12 NAME	
STREET ADDRESS	2765-D TAMIAMI TRAIL	13 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	14 CITY-ST-ZIP	
TITLE	VP	21 TITLE	☐ Change ☐ Addition
NAME	RAP, HAROLD	22 NAME	RAPP, HAROLD (Correction)
STREET ADDRESS	1433 DEWITT STREET	23 STREET ADDRESS	
CITY-ST-ZIP	PT CHARLOTTE FL 33952	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	ALLEN J.	32 NAME	LEVIN, ALLEN J.
STREET ADDRESS	125 SW GRAHAM ST	33 STREET ADDRESS	125 SE GRAHAM STREET (Correction)
CITY-ST-ZIP	PORT CHARLOTTE FL 33952	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GERACE, CATHERINE L.	42 NAME	
STREET ADDRESS	23183 FREEDOM AVE	43 STREET ADDRESS	
CITY-ST-ZIP	CHARLOTTE HARBOR FL 33980	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☒ Change ☐ Addition
NAME	RYAN, WILLIAM M.	52 NAME	JOHNSON, ROY
STREET ADDRESS	724 NW ELKCAM BLVD	53 STREET ADDRESS	724 NW ELKCAM BLVD.
CITY-ST-ZIP	CHARLOTTE HARBOR FL	54 CITY-ST-ZIP	PORT CHARLOTTE FL 33952
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MACKENZIE, JAMES	62 NAME	
STREET ADDRESS	20431 LADNER AVE	63 STREET ADDRESS	
CITY-ST-ZIP	PORT CHARLOTTE FL 33954	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allen Johnson Secy ALLEN J. LEVIN SECRETARY 1/18/95 813/625-4189
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OR OFFICER OR DIRECTOR — Date — Daytime Phone #

0001247