

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N07342** (1)
1. Corporation Name
KIWANIS PARK FOUNDATION OF PORT CHARLOTTE INC.



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

Mailing Address
**3440 CONWAY BOULEVARD
SUITE 1 A
PORT CHARLOTTE FL 33952-7034
US**

3. Date Incorporated or Qualified
01/29/1985

3a. Date of Last Report
05/01/1995

4. FEI Number
59-2344261

Applied For
☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent

**LEVIN, ALLEN J.
3440 CONWAY BOULEVARD - SUITE 1-A
PORT CHARLOTTE FL 33958 2**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P	LANIGAN, RICHARD	2765-D TAMiami TRAIL	PORT CHARLOTTE FL	
VP	LEVIN, ALLEN J	125 SE GRAHAM STREET	PT CHARLOTTE FL	
S	ALLEN J.	125 SW GRAHAM ST	PORT CHARLOTTE FL	
T	GERACE, CATHERINE L.	23183 FREEDOM AVE	CHARLOTTE HARBOR FL	
D	JOHNSON, ROY	724 NW ELKCAM BLVD	PORT CHARLOTTE FL	
D	MACKENZIE, JAMES	20431 LADNER AVE	PORT CHARLOTTE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
P	Richard Lanigan	1604 Mission Valley	Laurel, FL 34275	
VP	Harold Rapp	1433 Dewitt Street	Port Charlotte, FL 33952	
S	Allen J Levin	125 SE Graham Street	Port Charlotte, FL 33952	
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33980	
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33952	
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			33954	

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 J. Levin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Allen J. LEVIN, Secy 4/30/96 941/625-4189
Date Daytime Phone #

CR2E037 (12/95)