

FILE NOW: FILING FEE IS \$61.25

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Feb 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
01/29/1985

4. FEI Number 59-2344261	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.
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22 City & State	27 City & State
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23 Zip	25 Country	28 Zip	30 Country
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5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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	P <input type="checkbox"/> DELETE
NAME	LANIGAN, RICHARD
STREET ADDRESS	1604 MISSION VALLEY
CITY-ST-ZIP	LAUREL FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	RAPP, HAROLD
STREET ADDRESS	1433 DEWITT ST.
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	S <input type="checkbox"/> DELETE
NAME	LEVIN, ALLEN J
STREET ADDRESS	125 SE GRAHAM ST.
CITY-ST-ZIP	PT. CHARLOTTE FL
TITLE	T <input type="checkbox"/> DELETE
NAME	GERACE, CATHERINE L.
STREET ADDRESS	23183 FREEDOM AVE
CITY-ST-ZIP	CHARLOTTE HARBOR FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, ROY
STREET ADDRESS	724 NW ELKCAM BLVD
CITY-ST-ZIP	PORT CHARLOTTE FL
TITLE	D <input type="checkbox"/> DELETE
NAME	MACKENZIE, JAMES
STREET ADDRESS	20431 LADNER AVE
CITY-ST-ZIP	PORT CHARLOTTE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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

ALLEN J. LEVIN
SECY

1/20/98

941
825-4889

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