

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jun 01, 1999 8:00 am**  
**Secretary of State**

06-01-1999 90021 036 \*\*\*\*61.25

0061840

**DOCUMENT # N07342**

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**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

2a. Mailing Address

**26** Suite, Apt. #, etc.

3. Date Incorporated or Qualified

**01/29/1985**

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

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 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

OFFICERS AND DIRECTORS

**12.** ☐ DELETE

**TITLE** P  
**NAME** LANIGAN, RICHARD  
**STREET ADDRESS** 1604 MISSION VALLEY  
**CITY-ST-ZIP** LAUREL FL

**TITLE** VP ☐ DELETE

**NAME** RAPP, HAROLD  
**STREET ADDRESS** 1433 DEWITT ST.  
**CITY-ST-ZIP** PORT CHARLOTTE FL

**TITLE** S ☐ DELETE

**NAME** LEVIN, ALLEN J  
**STREET ADDRESS** 125 SE GRAHAM ST.  
**CITY-ST-ZIP** PT. CHARLOTTE FL

**TITLE** T ☐ DELETE

**NAME** GERACE, CATHERINE L.  
**STREET ADDRESS** 23183 FREEDOM AVE  
**CITY-ST-ZIP** CHARLOTTE HARBOR FL

**TITLE** D ☐ DELETE

**NAME** JOHNSON, ROY  
**STREET ADDRESS** 724 NW ELKCAM BLVD  
**CITY-ST-ZIP** PORT CHARLOTTE FL

**TITLE** D ☐ 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** ☒ Change ☐ Addition

**1.2 NAME** D

**1.3 STREET ADDRESS**

**1.4 CITY-ST-ZIP**

**2.1 TITLE** ☐ Change ☐ Addition

**2.2 NAME**

**2.3 STREET ADDRESS**

**2.4 CITY-ST-ZIP**

**3.1 TITLE** ☐ Change ☐ Addition

**3.2 NAME**

**3.3 STREET ADDRESS**

**3.4 CITY-ST-ZIP**

**4.1 TITLE** ☐ Change ☐ Addition

**4.2 NAME**

**4.3 STREET ADDRESS**

**4.4 CITY-ST-ZIP**

**5.1 TITLE** ☒ Change ☐ Addition

**5.2 NAME** P

**5.3 STREET ADDRESS**

**5.4 CITY-ST-ZIP**

**6.1 TITLE** ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-29-99

941-629-8927

CR2E037 (11/98)