FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996** 3-13-96	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

B. 2205 C

DOCUMENT # N10256 (8)

1. Corporation Name

KIWANIS CLUB OF DUNEDIN FOUNDATION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 41 DUNEDIN FL 34697-0041	P.O. BOX 41 DUNEDIN FL 34697-0041

3. Date Incorporated or Qualified **07/16/1985**	3a. Date of Last Report **04/05/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number **59-3093261**	Applied For / Not Applicable
21	**26**		
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State **23**	City & State **28**	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
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	10. Name and Address of New Registered Agent
GRIMES, JON 3145 FIESTA DRIVE DUNEDIN FL 34698	**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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE **VD** NAME **KENNEDY, ALLAN** ☐DELETE STREET ADDRESS **2419 SUMMERWOOD COURT** CITY-ST-ZIP **DUNEDIN FL**	1.1 TITLE **PD** 1.2 NAME **Kennedy, Allan** ☒Change ☐ Addition 1.3 STREET ADDRESS **2419 Summerwood Court** 1.4 CITY-ST-ZIP **Dunedin, Fl. 34698**
TITLE **PPD** NAME **NANDRAM, ROBERT** ☒DELETE STREET ADDRESS **3147 FIESTA DR** CITY-ST-ZIP **DUDEDIN FL**	2.1 TITLE **VD** 2.2 NAME **Bragg, Thomas** ☒Change ☐ Addition 2.3 STREET ADDRESS **3451 Lake Drive** 2.4 CITY-ST-ZIP **Palm Harbor, Fl. 34683**
TITLE **PED** NAME **POWELL RAYMOND** ☐DELETE STREET ADDRESS **P.O. BOX 24494** CITY-ST-ZIP **TAMPA FL**	3.1 TITLE 3.2 NAME ☐ Change ☐ Addition 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE **PD** NAME **COLLMAN RODNEY** ☐DELETE STREET ADDRESS **54 VALENCIA DR** CITY-ST-ZIP **DUDEDIN FL**	4.1 TITLE **PPD** 4.2 NAME **Collman, Rodney** ☒Change ☐ Addition 4.3 STREET ADDRESS **54 Valencia Drive** 4.4 CITY-ST-ZIP **Dunedin, Fl. 34698**
TITLE **T** NAME **GRIMES, JON** ☐DELETE STREET ADDRESS **3145 FIESTA DRIVE** CITY-ST-ZIP **DUNEDIN FL**	5.1 TITLE 5.2 NAME ☐ Change ☐ Addition 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE **S** NAME **GLEASON, LAURANCE** ☐DELETE STREET ADDRESS **2412 SUMMERWOOD COURT** CITY-ST-ZIP **DUNEDIN FL**	6.1 TITLE 6.2 NAME ☐ Change ☐ Addition 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

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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: *Jon W. Grimes*   Jon W. Grimes   3-5-96   813 734 3811
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #