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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McRham ♀ Secretary of State DIVISION OF CORPORATIONS
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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
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3093261

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

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
KENNEDY, ALLAN
2419 SUMMERWOOD COURT
DUNEDIN FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
PP/D
Kennedy, Allan
2419 Summerwood Court
Dunedin, Fl. 34698

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
Bragg, Thomas
3451 LAKE DRIVE
PALM HARBOR FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
Pe/D
Bragg, Thomas
3451 Lake Drive
Palm Harbor, Fl. 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
POWELL RAYMOND
P.O. BOX 24494
TAMPA FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
P/D
Powell, Raymond
P.O. Box 24494
Tampa, Fl. 33623-4494

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PPD
COLLMAN RODNEY
54 VALENCIA DR
DUNEDIN FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
V/D
Huettig, William
499 Hammock Drive
Palm Harbor, Fl. 34683

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
GRIMES, JON
3145 FIESTA DRIVE
DUNEDIN FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
GLEASON, LAURANCE
2412 SUMMERWOOD COURT
DUNEDIN FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I do 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.

CR2E037 (9/96)