

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**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

04-09-1999 90059 036 \*\*\*\*61.25

**DOCUMENT # N10256**

1. Corporation Name

**KIWANIS CLUB OF DUNEDIN FOUNDATION, INC.**

Principal Place of Business

P.O. BOX 41  
DUNEDIN FL 34697-0041

Mailing Address

P.O. BOX 41  
DUNEDIN FL 34697-0041



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/16/1985

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

9. Name and Address of Current Registered Agent

GLEASON, LAURANCE A  
2412 SUMMERWOOD COURT  
DUNEDIN FL 34698

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

12. OFFICERS AND DIRECTORS

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
BRAGG, THOMAS  
3451 LAKE DRIVE  
PALM HARBOR FL ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PPD ☒ DELETE  
POWELL RAYMOND  
P.O. BOX 24494 N/A  
TAMPA FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD ☐ DELETE  
HUETTIG, WILLIAM  
499 HAMMOCK DRIVE  
PALM HARBOR FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PED ☐ DELETE  
HARDIN, HENRY  
116 LAKE SHORE DR E  
PALM HARBOR FL 34684

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
STD ☐ DELETE  
GLEASON, LAURANCE  
2412 SUMMERWOOD COURT  
DUNEDIN 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  
AST ☒ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
PPD ☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
TD  
Nandram, Robert  
3147 Fiesta Drive  
Dunedin, FL 34698 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
PED ☒ Change ☐ Addition

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

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

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

4/06/99

727-736 6918  
Daytime Phone #

CR2E037 (11/98)

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