

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 04, 2004 8:00 am
Secretary of State

03-04-2004 90001 035 ****61.25

DOCUMENT # N10256

1. Entity 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

34014640



MOORE CR2E037 (11/03)

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3093261

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GLEASON, LAURANCE A
2412 SUMMERWOOD COURT
DUNEDIN FL 34698

7. Name and Address of New Registered Agent

Name: **BERNADETTE W. BEYE**

Street Address (P.O. Box Number is Not Acceptable)
3123 BLUE HERON ST

City
SAFETY HARBOR

FL

Zip Code
34695

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Bernadette W. Beye, Secretary

2/11/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BYRNSIDE, LOIS L	
STREET ADDRESS	39 BROADWAY STREET	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PPD	<input checked="" type="checkbox"/> Delete
NAME	DEANE, SHEILA	
STREET ADDRESS	2226 SNEAD AVENUE	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	TD	<input type="checkbox"/> Delete
NAME	NANDRAM, ROBERT	
STREET ADDRESS	3147 FIESTA DR	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GLEASON, LAURANCE A	
STREET ADDRESS	2412 SUMMERWOOD COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	
TITLE	PED	<input checked="" type="checkbox"/> Delete
NAME	BALSANEK, KAREN R	
STREET ADDRESS	265 COUNTRYSIDE KEY BLVD	
CITY-ST-ZIP	OLDSMAR FL 34677	
TITLE	ASTD	<input checked="" type="checkbox"/> Delete
NAME	KENNEDY, ALLAN	
STREET ADDRESS	2419 SUMMERWOOD COURT	
CITY-ST-ZIP	DUNEDIN FL 34698	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JEFF GAWEL	
STREET ADDRESS	54 VALENCIA DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE	PPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KAREN R. BALSANEK	
STREET ADDRESS	8811 LINE BROOK DR	
CITY-ST-ZIP	NEW PORT RICHEY, FL 34655	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	ASTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOBI-ANN KRAVET	
STREET ADDRESS	1441 SANTA ANNA DRIVE	
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNADETTE W. BEYE	
STREET ADDRESS	3123 BLUE HERON ST	
CITY-ST-ZIP	SAFETY HARBOR, FL 34695	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Bernadette W. Beye* **BERNADETTE W. BEYE** *2/11/04* *727-725-0324*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #