

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N11435

(7)

1. Corporation Name

KIWANIS CHARITABLE FOUNDATION, INC.



Principal Place of Business

1160 S. MCCALL ROAD
SUITE B
ENGLEWOOD FL 34223

Mailing Address

1160 S. MCCALL ROAD
SUITE B
ENGLEWOOD FL 34223

3. Date Incorporated or Qualified
10/04/1985

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-2610017

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

WELLBAUM, R. W., JR.
1150 LARCHMONT DRIVE
ENGLEWOOD FL 34223

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 D ☐ DELETE
NAME ALEXANDER, DOUG
STREET ADDRESS 1637 BAYSHORE DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME BOURCIER, JOHN
1.3 STREET ADDRESS 1115 LARCHMONT DRIVE
1.4 CITY-ST-ZIP ENGLEWOOD, FL 34223

TITLE D ☐ DELETE
NAME VASHER, LYLE
STREET ADDRESS 1861 PLACIDA ROAD
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D ☐ DELETE
NAME DUERSON, BILL
STREET ADDRESS 605 DEERWOOD AVE.
CITY-ST-ZIP ENGLEWOOD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☒ DELETE
NAME PETERSON, MELVIN
STREET ADDRESS 13636 BENETT DRIVE
CITY-ST-ZIP PORT CHARLOTTE FL 33981

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

TITLE D ☐ DELETE
NAME HALLMAN, JAMES A
STREET ADDRESS 538 FOXWOOD BLVD.
CITY-ST-ZIP ENGLEWOOD FL 34223

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

TITLE D ☐ DELETE
NAME WELLBAUM, JR., R.W.
STREET ADDRESS 1150 LARCHMONT DRIVE
CITY-ST-ZIP ENGLEWOOD FL 34223

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

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:

Lyle G. Vasher, D.P.H.
TREASURER

2-17-96 (94) 474-5577

Date

Daytime Phone #

CR2E037 (12/95)