

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 06 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

1180 S. MCCALL ROAD
SUITE B
ENGLEWOOD FL 34223

Mailing Address

1180 S. MCCALL ROAD
SUITE B
ENGLEWOOD FL 34223-42303. Date Incorporated or Qualified
10/04/19853a. Date of Last Report
03/05/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

City & State

27

Zip

Country

28

30

4. FEI Number

59-2610017

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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	<input type="checkbox"/> DELETE
NAME	ALEXANDER, DOUG	
STREET ADDRESS	1637 BAYSHORE DRIVE	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VASHER, LYLE	
STREET ADDRESS	1861 PLACIDA ROAD	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DUERSON, BILL	
STREET ADDRESS	605 DEERWOOD AVE.	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOURCIER, JOHN	
STREET ADDRESS	1115 LARCHMONT DRIVE	
CITY - ST - ZIP	ENGLEWOOD FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HALLMAN, JAMES A	
STREET ADDRESS	538 FOXWOOD BLVD.	
CITY - ST - ZIP	ENGLEWOOD FL 34223	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WELLBAUM, JR., R.W.	
STREET ADDRESS	1150 LARCHMONT DRIVE	
CITY - ST - ZIP	ENGLEWOOD FL 34223	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *William R. Duereson* Date 1-16-97 941-474-0255

CR2E037 (9/96)