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FILED
Apr 19, 1999 8:00 am
Secretary of State
04-19-1999 90028 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

547031 - 90014 - 49 1 *

DOCUMENT # N11435

1. Corporation Name

KIWANIS CHARITABLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
~~1160 S. MCCALL ROAD~~ ~~SUITE B~~ ~~ENGLEWOOD FL 34223~~	~~1160 S. MCCALL ROAD~~ 1811 Englewood Rd #303 ~~SUITE B~~ ~~ENGLEWOOD FL 34223~~ Englewood Fl. 34223

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26 1811 Englewood Rd.	10/04/1985
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number ☐ Applied For ☐ Not Applicable
22	27 #303	59-2610017
City & State	City & State	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
23	28 Englewood FL	
Zip / Country	Zip / Country	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
24 / 25	29 34223 / 30 USA	

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 Harry Pinkham 82 Street Address (P.O. Box Number is Not Acceptable) 2170 W. Dolphin Dr. 83 84 City Englewood FL 85 Zip Code 34223

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALEXANDER, DOUG 1637 BAYSHORE DRIVE ENGLEWOOD FL 34223	☐ DELETE Do not delete	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition Director Doug Alexander 1637 Bayshore Dr Englewood
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASHER, LYLE 1861 PLACIDA ROAD ENGLEWOOD FL 34223	☐ DELETE Do not delete	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition Director Lyle Vasher 1861 Placida Rd. Englewood Fl 34223
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DUERSON, BILL 605 DEERWOOD AVE. ENGLEWOOD FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOURCIER, JOHN 1115 LARCHMONT DRIVE ENGLEWOOD FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALLMAN, JAMES A 538 FOXWOOD BLVD. ENGLEWOOD FL 34223	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WELLBAUM, JR., R.W. 1150 LARCHMONT DRIVE ENGLEWOOD FL 34223	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☑ Addition Director HARRY PINKHAM 2170 W. DOLPHIN DR. ENGLEWOOD, FL 34223

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 1/2/99 (941) 474-3221
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harry R. Pinkham

CR2E037 (11/98)