2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attach

SIGNATURE:

DONALD CARMICHAEL - Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # N11435 May 01, 2000 8:00 am 1. Entity Name Secretary of State KIWANIS CHARITABLE FOUNDATION, INC. 05-01-2000 90027 028 ****61.25 Mailing Address Principal Place of Business 1811 ENGLEWOOD RD 1160 S. MCCALL ROAD #303 ENGLEWOOD FL 34323 ENGLEWOOD FL 34223-1822 2. Principal Place of Business 3. Mailing Address 1811 ENGLEWOOD RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 233, Box-303 Applied For City & State City & State 4. FEI Number 59-2610017 Not Applicable Englewood FL 34223-1822 Zip \$8,75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) PINKHAM, HARRY 2170 W DOLPHIN DR **ENGLEWOOD FL 34223** Zip Code FL 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 SIGNATURE DATE ed agent and title if applicable PRESIDENT (NOTE: Registered Agent signature required when reinstating) PINKHAM Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. Addition TITLE ☐ Delete TITLE D ALEXANDER, DOUG NAME NAME HARRY PINKHAM STREET ADDRESS STREET ADDRESS 1637 BAYSHORE DRIVE 2170 w DOLPHIN DRIVE CITY-ST-ZIP CITY-ST-78 **ENGLEWOOD FL 34223** ENGLEWOOD FL 34223 K Change Addition TITLE TITLE Delete MEL PETERSON NAME vasher. Lyle- NAME STREET ADDRESS STREET ADDRESS 1861 PLACIDA ROAD-13636 BENNETT DRIVE CITY-ST-ZIF CITY-ST-ZIE ENGLEWOOD-FL-34223 PORT CHARLOTTE FL 33981 Change Addition X Delete TITLE D TITLE **DUERSON, BILL** NAME NAME DENNIS JEWELL STREET ADDRESS STREET ADDRESS 605 DEERWOOD AVE. 201 OXFORD DRIVE CITY-ST-ZIP CITY-ST-71F ENGLEWOOD FL ENGLEWOOD FL 34223 ☐ Addition TITLE Change TITLE Delete NAME BOURCIER, JOHN -NAME DON CARMICHAEL STREET ADDRESS STREET ADDRESS **1115 LARCHMONT DRIVE** 860 STEWART STREET CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL-ENGLEWOOD FL 34223 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME HALLMAN, JAMES A NAME STREET ADDRESS 538 FOXWOOD BLVD. STREET ADDRESS CITY-ST-ZIP, , CITY-ST-ZIP ENGLEWOOD FL 34223 D Delete ☐ Change ☐ Addition WELLBAUM, JR., R.W. NAME NAME STREET ADDRESS STREET ADDRESS 1150 LARCHMONT DRIVE CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34223 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

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Daytime Phone #

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