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**Mar 08, 1999 8:00 am**  
**Secretary of State**

03-08-1999 90042 028 \*\*\*\*61.25

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # N19600**

1. Corporation Name

**KIWANIS CLUB OF GOLDEN GATE, NAPLES, FLORIDA, IN C.**

Principal Place of Business

**% CHARLES H. CASE  
2172 41ST TERRACE SOUTH WEST  
NAPLES FL 33999**

Mailing Address

**% CHARLES H. CASE  
2172 41ST TERRACE SOUTH WEST  
NAPLES FL 33999**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip **25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip **30** Country

3. Date Incorporated or Qualified

**03/09/1987**

4. FEI Number

**59-6208742**

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

9. Name and Address of Current Registered Agent

**CASE, CHARLES H.  
2172 41ST TERRACE SOUTH WEST  
NAPLES FL 33999**

10. Name and Address of New Registered Agent

**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

TITLE **DD** ☐ DELETE  
NAME **TILL, GENEVA**  
STREET ADDRESS **2164 42ND ST SW PO BOX 990116**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE  
NAME **WELBORN, SAM**  
STREET ADDRESS **815 NURSERY LN**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE  
NAME **GOFORTH, RICHARD**  
STREET ADDRESS **161 SAND DR**  
CITY-ST-ZIP **NAPLES FL**

TITLE **P** ☐ DELETE  
NAME **LEO GATES**  
STREET ADDRESS **1766 50TH TERR SW**  
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE  
NAME **CASE, CHARLES**  
STREET ADDRESS **2172 41ST TERRACE S.W.**  
CITY-ST-ZIP **NAPLES FL**

TITLE **TD** ☐ DELETE  
NAME **WILLIAM SALMON**  
STREET ADDRESS **4285 29TH PLACE S.W.**  
CITY-ST-ZIP **NAPLES FL**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

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

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

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

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

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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: W. W. Salmon SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/3/99

Date

(241) 475-8056

Daytime Phone #

CR2E037 (1/98)