

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **N19688** (3)  
1. Corporation Name  
**THE KIWANIS CLUB OF SAN CARLOS PARK, INC.**



Principal Place of Business  
**216 LITTLE BAY ST  
FORT MYERS FL 33912  
US**

Mailing Address  
**216 LITTLE BAY ST  
FORT MYERS FL 33912  
US**

3. Date Incorporated or Qualified  
**03/16/1987**

3a. Date of Last Report  
**02/17/1995**

4. FEI Number  
**59-2161758**

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

2. Principal Place of Business  
21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

2a. Mailing Address  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

9. Name and Address of Current Registered Agent

**TOLSON, JAMES J  
216 LITTLE BAY ST  
FORT MYERS FL 33912**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code  
**FL**

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 James J. Tolson, Secretary  
Signature typed or printed name of registered agent and the applicable (NONE) Registered Agent signature required when registering

3-25-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>OAKES, EARL L</b>	1.2 NAME	<b>SHELLENBARGER, WILBUR</b>
STREET ADDRESS	<b>7451 BEAR HOLLOW CIR</b>	1.3 STREET ADDRESS	<b>16997 Timberlakes DR SW</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	1.4 CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BEHRING, CARL</b>	2.2 NAME	<b>IPPOLITO, NAT</b>
STREET ADDRESS	<b>6043 BIRNAM WOOD LN SW</b>	2.3 STREET ADDRESS	<b>9104 TEMPLE ROAD</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	2.4 CITY-ST-ZIP	<b>FT. MYERS FL 33912</b>
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PIKE, DWIGHT D.</b>	3.2 NAME	<b>Tolson, James J.</b>
STREET ADDRESS	<b>17540 CALOOSA TRACE CIR</b>	3.3 STREET ADDRESS	<b>216 Little Bay St</b>
CITY-ST-ZIP	<b>FORT MYERS FL</b>	3.4 CITY-ST-ZIP	<b>FT Myers FL 33912</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>TODD, JOHN C D</b>	4.2 NAME	<b>Scharf, Fredrick E.</b>
STREET ADDRESS	<b>6181 FOREST VILLA CIRCLE</b>	4.3 STREET ADDRESS	<b>22644 West Bridge Court</b>
CITY-ST-ZIP	<b>FT MYERS FL</b>	4.4 CITY-ST-ZIP	<b>Estero FL 33928</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINCOLN, MARJORIE</b>	5.2 NAME	
STREET ADDRESS	<b>8731 EXETER STR</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT MYERS FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTLETT, DAVID L.</b>	6.2 NAME	
STREET ADDRESS	<b>17513 FUCHSIA ROAD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FORT MYERS FL</b>	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: James J. Tolson, Secretary  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-25-96 (941) 482-7610  
Date Daytime Phone

CR2E037 (12/95)