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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(3)

THE KIWANIS CLUB OF SA	AN CAHLOS PARK, INC.			
Principal Place of Business	Mailing Address			
216 LITTLE BAY ST FORT MYERS FL 33912	216 LITTLE BAY ST FORT MYERS FL 33912			

## **FILED** Jan 30 1998 8:00am Secretary of State



3. Date Incorporated or Qualified

บร		US		03/16/1987			
				4. FEI Number	Applied For		
				59-2161758	Not Applicable		
	lace of Business	2a. Mailing Address			8.75 Additional		
21/6997	TIMBERLAKES DR	26 16997 TiME	BERLAKES I	5. Certificate of Status Desired	Fee Required		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		· · · · · · · · · · · · · · · · · · ·	5.00 May Be		
22 27					Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
~0	MYERS	28 Fr. MYER		☐ Yes ☑ No			
Zip	Country	Zip	Country  8. This corporation owes or has paid the current year Intangible				
24 33	908 25 USA	1017	30 USA	Personal Property Tax due June 30. 🔲 Yes 🔲 No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Age			
1			81 Name	BULLICADORCE WILBUR D.			
TOLSON	N, JAMES J		81 Name  SHELLENGARGER WILBUR D,  82 Street Address (P.O. Box Number is Not Acceptable)  ### ### ### ### ### ### ### ### ######				
	TLE BAY ST		16	197 TIMBERLAKES DR			
	IYERS FL 33912		83				
				"			
[			84 City	MYERS FL 8	5 Zip Code 33908		
11. Purspant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes			nging its registered		
office or r	egistered agent, or both, in the State of	of Florida. Such change was au	thorized by the corpo	corporation submits this statement for the purpose of cha oration's board of directors. I hereby accept the appoint	ment as registered		
agent. I a	m ramiliar with, and accept the obligat	ions of, Section 617.0503, Flori					
SIGNATURE	WILBUR D. SHELLE Signature, typed or printed name of registered agent	NBARGER	willen il.	Shellenbarg 1-5- equired when reinstating)  DATE	-9 <i>8</i>		
12.	Signature, typed or printed name or registered agent		Registered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIF	ECTORS IN 12		
TITLE	D OFFICERS AND	DELETE	1.1 TITLE		Change L Addition		
]					Usings Light recultion		
NAME	OAKES, EARL L		1.2 NAME	BRUCE, WILLIAM W. 18054 OCALA RD. S.E			
STREET ADDRESS	7451 BEAR HOLLOW CIR		1.3 STREET ADDRESS	18054 UCHLA EV. J.E			
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP	DIRECTOR 13912			
TITLE	D	☐ DELETE	2.1 TITLE	DIRECTOR U	Change L Addition		
NAME	BEHRING, CARL		2.2 NAME	IPPOLITO, NATALE, J. 19798 BEAULIEUCT.			
STREET ADDRESS	6043 BIRNAM WOOD LN SW		2.3 STREET ADDRESS	19198 BEAULIEUCT.			
CITY-ST-ZIP	FORT MYERS FL		2. 4 CITY-ST-ZIP	FT. MYERS, FL 33908			
TITLE	Š	□ DELETE	3.1 TITLE	PRESIDENT Y	Change Addition		
NAME	TOLSON, JAMES J.		3.2 NAME	TOLSON, JAMES J. B. L. Den			
STREET ADORESS	216 LITTLE BAY ST		3.3 STREET ADDRESS	ZIGTITTEE BAY ST	ŀ		
CITY-ST-ZIP	FT MYERS FL		3.4. CITY-ST-ZIP	FT MYERS FL 3391	7-		
TITLE	P	☐ DELETE	4.1 TITLE	PT. MYERS FL 3391	Change Addition		
NAME	SCHARF, REV FREDERICK		4. 2 NAME				
STREET ADDRESS	22644 WEST BRIDGE CT		4.3 STREET ADDRESS	SCHARF, REV. FREDERICK 22644 WEST BRIDGE CT.	ا .		
1	ESTERO FL			ELEGAN WEST DRIVER CI.	.		
CITY-ST-ZIP		☐ DELETE	4.4 CITY-ST-ZIP	ESTERD FL	Change Addition		
TITLE	D PURINED POPERT	☐ OETEIE	5.1 TITLE	AL TICK LESIDENT -	Change 1 Accides		
NAME	KUSHNER, ROBERT		5.2 NAME	KUSHNER, KOBERT			
STREET ADDRESS	7571 WINGED FOOT DR		5.3 STREET ADDRESS	75 TI WINGED FOOT DR Fr. MYERS, FL			
CITY-ST-ZIP	FT MEYRS FL		5.4 CITY-ST-ZIP				
TITLE	D	₩ DELETE	6.1 TITLE	<b>-</b>	Change Addition		
NAME	BARTLETT, DAVID L.		6.2 NAME	MATHEWS MCCLUZE	1		
STREET ADDRESS	17513 FUCHSIA ROAD		6.3 STREET ADDRESS	18181 ADAMS CIR	ŀ		
CITY-ST-ZIP	FORT MYERS FL		6.4 CITY-ST-ZIP		Į		
14. I hereby o	ertify 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 renort is true and accur	ate and that my sign	ature shall have the same legal effect as if made under o	hath: 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.