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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20519

1. Corporation Name

BOCA CIEGA KIWANIS FOUNDATION, INC.

Principal Place of Business

C/O F.R. HITT
 433 - 78TH AVENUE
 ST. PETERSBURG BEACH FL 33706

Mailing Address

C/O F.R. HITT
 433 - 78TH AVENUE
 ST. PETERSBURG BEACH FL 33706

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		28		05/06/1987	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2848645	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
25		30		30	

9. Name and Address of Current Registered Agent

HITT, F. RICHARD
 433 - 78TH AVENUE
 ST. PETERSBURG BCH FL 33706

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	President
NAME	DOWNES, GENE	1.2 NAME	F. Richard Hitt
STREET ADDRESS	6177 6TH AVE., N.	1.3 STREET ADDRESS	433-76 Ave.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	St. Pete Beach, FL 33706
TITLE	D	2.1 TITLE	
NAME	JONES, DICK	2.2 NAME	
STREET ADDRESS	8186 TERR. GARDEN DR., N.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	KOYVTS, BILL	3.2 NAME	
STREET ADDRESS	5501 BATES ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	
NAME	OLSEN, JACK	4.2 NAME	
STREET ADDRESS	5020-28 AVE. S.	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	WHITMAN, MIKE	5.2 NAME	
STREET ADDRESS	11211 CHEROKEE DR.	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	BURKE, FRANK	6.2 NAME	
STREET ADDRESS	6496 32ND AVE., N.	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7. Richard Hitt President 1-26-99 (727) 367-1976

CR2E037 (11/98)