

DOCUMENT # N20519

1. Entity Name

BOCA CIEGA KIWANIS FOUNDATION, INC.

Principal Place of Business

C/O F.R. HITT
433 - 76TH AVENUE
ST. PETERSBURG BEACH FL 33706

Mailing Address

C/O F.R. HITT
433 - 76TH AVENUE
ST. PETERSBURG BEACH FL 33706

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2848645

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HITT, F. RICHARD
433 - 76TH AVENUE
ST. PETERSBURG BCH FL 33706

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

F. Richard Hitt

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1-5-01

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE P ☐ Delete
NAME HITT, F. RICHARD
STREET ADDRESS 433 - 76 AVE
CITY-ST-ZIP ST PETE BEACH FL 33706

TITLE D ☐ Delete
NAME OLSEN, JACK
STREET ADDRESS 5020-26 AVE. S.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME WHITMAN, MIKE
STREET ADDRESS 11211 CHEROKEE DR.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE D ☐ Delete
NAME BURKE, FRANK
STREET ADDRESS 6496 32ND AVE., N.
CITY-ST-ZIP ST. PETERSBURG FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

F. RICHARD HITT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-5-01 7273671976

FILED
Jan 11, 2001 8:00 am
Secretary of State

01-11-2001 90045 026 ****61.25



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)