

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90024 044 ****61.25

DOCUMENT # N26942

1. Entity Name

THE KIWANIS CLUB OF SARASOTA, INC.



Principal Place of Business

845 HIGHLANDS ST
SARASOTA FL 34234

Mailing Address

PO BOX 2888
SARASOTA FL 34230

00004481



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-0586572

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEVENS, JORITA
845 HIGHLANDS ST
SARASOTA FL 34234

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE ~~PD~~ ☐ Delete
NAME STEVENS, JORITA
STREET ADDRESS 845 HIGHLANDS ST
CITY-ST-ZIP SARASOTA FL 34234

TITLE ~~PP~~ ☒ Delete
NAME FARRELL, REID
STREET ADDRESS 1703 BAY VIEW DR
CITY-ST-ZIP SARASOTA FL 34239

TITLE SD ☒ Delete
NAME SIMMONS, KAYLENE
STREET ADDRESS 1130 GREENSBORO #1021
CITY-ST-ZIP SARASOTA FL 34234

TITLE TD ☐ Delete
NAME DEVITT, STEVE
STREET ADDRESS 1528 FLOWER DR
CITY-ST-ZIP SARASOTA FL 34239

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 SD ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PD ☒ Change ☒ Addition
NAME Schaper, Laurence
STREET ADDRESS 4955 Fallcrest Circle
CITY-ST-ZIP Sarasota, FL 34233

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

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 1538 Flower Dr.
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 exemptions contained in Section 119, 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:

[Signature]

2/2/06

941-713-1533