

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29078 (5)
1. Corporation Name
KIWANIS CLUB OF SOUTH FORT PIERCE, FLORIDA, INC.



Principal Place of Business
**905 JACKSON WAY
FT. PIERCE FL 34949
US**

Mailing Address
**905 JACKSON WAY
FT. PIERCE FL 34949
US**

3. Date Incorporated or Qualified
11/02/1988

3a. Date of Last Report
08/14/1995

4. FEI Number
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

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

Country
25

Zip
29

Country
30

9. Name and Address of Current Registered Agent

**OLIVER, PINNIE .
905 JACKSON WAY
FORT PIERCE FL 34949**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** **85** Zip Code

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 **PINNIE W. OLIVER**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

04/26/96

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **OLIVER, PINNIE W.**

STREET ADDRESS **905 JACKSON WAY**

CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE **S** ☒ DELETE

NAME **~~JOHN, PRICE~~**

STREET ADDRESS **~~911 SO. 13TH STREET~~**

CITY-ST-ZIP **~~FT. PIERCE FL 34930~~**

TITLE **T** ☐ DELETE

NAME **~~RICHARD L. KROGER~~**

STREET ADDRESS **~~2823 STONEWAY LANE #8~~**

CITY-ST-ZIP **~~FT. PIERCE FL 34982~~**

TITLE **DVP** ☐ DELETE

NAME **~~FRANK J. VERELLA~~**

STREET ADDRESS **~~425 SW AIBISCUS AVE~~**

CITY-ST-ZIP **~~PORT ST. LUCIE FL 34983~~**

TITLE **D** ☐ DELETE

NAME **~~WARD, EMMETT H.~~**

STREET ADDRESS **~~6506 PASO ROBLES BOULEVARD~~**

CITY-ST-ZIP **~~FT. PIERCE FL~~**

TITLE **D** ☐ DELETE

NAME **FREDRICK BAKER**

STREET ADDRESS **2812 DELAWARE AVE**

CITY-ST-ZIP **FT. PIERCE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **WARD, EMMETT H.**

2.3 STREET ADDRESS **6506 PASO ROBLES BLVD.**

2.4 CITY-ST-ZIP **FT. PIERCE, FL.**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME **TAM SCHLICHTING**

3.3 STREET ADDRESS **3805 PROMENADE**

3.4 CITY-ST-ZIP **FT. PIERCE, FL. 34982**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME **DVP MARGARET BROWN**

4.3 STREET ADDRESS **1112 BEACH COURT**

4.4 CITY-ST-ZIP **FT. PIERCE, FL. 34950**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **D VIRGINIA ROSSSELL**

5.3 STREET ADDRESS **1792 LAKEFRONT BLVD**

5.4 CITY-ST-ZIP **FT. PIERCE, FL. 34982**

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: **Pinnie Oliver** **PINNIE W. OLIVER** **04/18/96** **407464-7451**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)