

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2004 8:00 am
Secretary of State

07-30-2004 90001 025 ****61.25

DOCUMENT # N33562



1. Entity Name
SUNSHINE CITY KIWANIS YOUTH FOUNDATION, INC.
ST. PETERSBURG, FLORIDA

Principal Place of Business
1850 CASTLE WOOD DR
CLEARWATER, FL 33759 US

Mailing Address
1850 CASTLE WOOD DR
CLEARWATER, FL 33759 US

44050576



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

07132004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2981032

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

HAMM, JOHN L JR
1850 CASTLE WOOD DR
CLEARWATER, FL 33759

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

Filing Fee is \$61.25
Due by September 8, 2004

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **KNOWLES, DON C**
STREET ADDRESS **918 MYAKKA CT NE**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

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

TITLE **D** ☒ Delete
NAME **ALDERMAN, KENNETH D**
STREET ADDRESS **1720 GEORGIA AVE NE**
CITY-ST-ZIP **ST PETERSBURG, FL 33703**

TITLE **PD** ☐ Change ☒ Addition
NAME **BOWMAN, JACK**
STREET ADDRESS **141 NW MADISON CIRCLE N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **SDT** ☐ Delete
NAME **HAMM, JOHN L.**
STREET ADDRESS **1850 CASTLE WOOD DR**
CITY-ST-ZIP **CLEARWATER, FL 33759**

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

TITLE **PD** ☐ Delete
NAME **WATSON, RAY M**
STREET ADDRESS **1355 PINELLAS BAYWAY #34**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33715**

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

TITLE **D** ☐ Delete
NAME **STRAWN, ELDON E**
STREET ADDRESS **8623 -15TH WAY N.**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33702**

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

TITLE **D** ☒ Delete
NAME **LUSTY, BETTY**
STREET ADDRESS **8142 CAUSEWAY BLVD, S**
CITY-ST-ZIP **ST PETERSBURG, FL**

TITLE **V.D** ☐ Change ☒ Addition
NAME **RICHARDSON, DANIEL**
STREET ADDRESS **3944 HAINES RD. N.**
CITY-ST-ZIP **ST. PETERSBURG FL 33703**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *John L. Hamm, Jr.* **John L. Hamm, Jr., Sec/Treas.** 7/27/04 (727) 545-3815

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #