

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 # N34640 (5)

1. Corporation Name

KIWANIS CLUB OF PALM HARBOR, FL., INC.



Principal Place of Business

**PO BOX 962
PALM HARBOR FL 34683**

Mailing Address

**PO BOX 962
PALM HARBOR FL 34683**

3. Date Incorporated or Qualified
10/12/1989

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1967651

Applied For
Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORAWSKI, THOMAS J.
365 MAYFAIR CIRCLE E
PALM HARBOR FL 34683**

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

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

THOMAS J. BORAWSKI
(NOTE: Registered Agent signature required when re-registering)

4/10/96
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	BORAWSKI, THOMAS	
STREET ADDRESS	365 E MAYFAIR CIRCLE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	PERENICH, GREGORY	
STREET ADDRESS	311 S MISSOURI AVE.	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAGUGA, JOHN	
STREET ADDRESS	500 MERAVAN DR.	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	MABUS, SUZANNE	
STREET ADDRESS	2769 LONG POINT LANE	
CITY-ST-ZIP	PALM HARBOR FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SETH I. BLIVEN	
5.3 STREET ADDRESS	29081 U.S. HWY 19 N., LOT 105	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34621	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Thomas J. Borawski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/96
Date

Daytime Phone #

CR2E037 (12/95)