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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38793

1. Corporation Name

**KIWANIS OF THE NATURE COAST, SPRING HILL, FLORID
A, INC.**

Principal Place of Business

P.O. BOX 3218
SPRING HILL FL 34611-3218
US

Mailing Address

P.O. BOX 3218
SPRING HILL FL 34611-3218
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/22/1990

4. FEI Number

59-2982323

Applied For
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

9. Name and Address of Current Registered Agent

**NESSLER, PAUL J
4052 COMMERCIAL WAY
SUITE 4
SPRING HILL FL 34606**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **D**
CZUKA, MIKE
STREET ADDRESS **13346 LACASITA AVE**
CITY-ST-ZIP **SPRING HILL FL**

TITLE ☐ DELETE
NAME **PE**
DODGE, DOT
STREET ADDRESS **3351 MANGROVE DR**
CITY-ST-ZIP **HERNANDO BCH FL 34607**

TITLE ☒ DELETE
NAME **T**
GATES, GLEE
STREET ADDRESS **12239 GLEN HAVEN ST**
CITY-ST-ZIP **SPRING HILL FL 34609**

TITLE ☐ DELETE
NAME **D**
JONES, JIM
STREET ADDRESS **10147**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☒ DELETE
NAME **D**
WASHINGTON, MARVIN
STREET ADDRESS **164 OAK LAKE DR**
CITY-ST-ZIP **SPRING HILL FL 34608**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S/D** ☒ Change ☐ Addition
1.2 NAME **Csuka, Michael**
1.3 STREET ADDRESS **13346 LaCasita Ave**
1.4 CITY-ST-ZIP **Spring Hill, FL 34609**

2.1 TITLE **P/D** ☒ Change ☐ Addition
2.2 NAME **Dodge, Dot**
2.3 STREET ADDRESS **3351 Mangrove Dr.**
2.4 CITY-ST-ZIP **Hernando Beach, FL 34607**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **Dodge, Bruce**
3.3 STREET ADDRESS **3351 Mangrove Dr.**
3.4 CITY-ST-ZIP **Hernando Beach, FL 34607**

4.1 TITLE **V/D** ☐ Change ☒ Addition
4.2 NAME **Moore, Scott**
4.3 STREET ADDRESS **1263 Venetia Dr.**
4.4 CITY-ST-ZIP **Spring Hill, FL 34608**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Lichowic, Dennis**
5.3 STREET ADDRESS **5915 Sea Ranch Dr #401**
5.4 CITY-ST-ZIP **Hudson, FL 34667**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **Aten, Jim**
6.3 STREET ADDRESS **1195 Buttersea Ave**
6.4 CITY-ST-ZIP **Spring Hill, FL 34609**

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-28-99

Date

(352) 796-3588

Daytime Phone #

CR2E037 (1/98)