

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2004 8:00 am
Secretary of State

02-25-2004 90043 007 ****61.25

DOCUMENT # N41269

1. Entity Name
KIWANIS CLUB OF PINELLAS PARK FOUNDATION, INC.



Principal Place of Business
**6075 PARK BLVD
STE A
PINELLAS PARK, FL 33781 US**

Mailing Address
**6075 PARK BLVD
STE A
PINELLAS PARK, FL 33781 US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01282004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-3060329

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCHRIEFER, GEORGE J.
6075 PARK BLVD
PINELLAS PARK, FL 33781**

7. Name and Address of New Registered Agent

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 May 1, 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

TITLE **S** ☐ Delete
NAME **SWARTZ, ALAN**
STREET ADDRESS **6278 109TH TERR NORTH**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **D** ☐ Delete
NAME **BUTLER, RICHARD**
STREET ADDRESS **5635 PARK BOULEVARD**
CITY-ST-ZIP **PINELLAS PARK, FL 33781**

TITLE **P** ☐ Delete
NAME **MUDD, JERRY**
STREET ADDRESS **PO BOX 1100**
CITY-ST-ZIP **PINELLAS PARK, FL 33782**

TITLE **V** ☐ Delete
NAME **BREEN, MICKIE**
STREET ADDRESS **3660 103RD AVE NORTH**
CITY-ST-ZIP **CLEARWATER, FL 33762**

TITLE **D** ☐ Delete
NAME **KARKHECK, HERB**
STREET ADDRESS **6550 GREENBRIER DR**
CITY-ST-ZIP **SEMINOLE, FL**

TITLE **T** ☐ Delete
NAME **CHAPMAN, BILLIE**
STREET ADDRESS **5750 DUNFRIES ST**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33709**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☒ Change ☐ Addition
NAME **GILMORE, TINA**
STREET ADDRESS **c/o 7694 49th Street N.**
CITY-ST-ZIP **Pinellas Park, FL 33781**

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

TITLE **P** ☒ Change ☐ Addition
NAME **LYONS, JACKIE**
STREET ADDRESS **7701 Starkey Rd, #521**
CITY-ST-ZIP **Seminole, FL 33777**

TITLE **V** ☒ Change ☐ Addition
NAME **THRASHER, GARY**
STREET ADDRESS **9890 82nd Avenue North**
CITY-ST-ZIP **Large, FL 33777**

TITLE **D** ☒ Change ☐ Addition
NAME **KUSMIERCZYK, RICHARD**
STREET ADDRESS **6460 35th Street North**
CITY-ST-ZIP **Pinellas Park, FL 33781**

TITLE **T** ☒ Change ☐ Addition
NAME **DUSIL, JAMES**
STREET ADDRESS **1944 Arvis Circle E.**
CITY-ST-ZIP **Clearwater, FL 33764**

12. 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 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: Jim Dusil, Treasurer ☒

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(727) 544-1429

Daytime Phone #