


FILE NOW: FILING FEE IS \$61.25

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Mar 16, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N42169					
1. Corporation Name KIWANIS CLUB OF GREATER LARGO, FLORIDA, INC.					
Principal Place of Business 1860 HARMONY DR. CLEARWATER FL 33756			Mailing Address 1860 HARMONY DR. CLEARWATER FL 33756		



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 02/19/1991 4. FEI Number 59-3040072 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent BLACK, MARY GRAY 1860 HARMONY DR. CLEARWATER FL 33756				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			
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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 Mary Gray Black (Mary Gray Black Pres.) - No change! 3-15-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input checked="" type="checkbox"/> DELETE		11 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WOOLCOTT, KAYE			12 NAME	MARY GRAY BLACK		
STREET ADDRESS	113 16TH ST.			13 STREET ADDRESS	1860 HARMONY DR.		
CITY-ST-ZIP	BELLEAIR BEACH FL 33786			14 CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	S	<input checked="" type="checkbox"/> DELETE		21 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WASSERMAN, SHEILA			22 NAME	REGINA BENNETT		
STREET ADDRESS	6201 BURLINGTON AVE N			23 STREET ADDRESS	1201 S Highland Ave.		
CITY-ST-ZIP	ST PETERSBURG FL 33710			24 CITY-ST-ZIP	CLEARWATER, FL 33756		
TITLE	T	<input checked="" type="checkbox"/> DELETE		31 TITLE	PAUL STEEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GIEBNER, RICHARD			32 NAME	2132 McMullen Rd		
STREET ADDRESS	1611 IDLE DR.			33 STREET ADDRESS	Largo, FL 33771		
CITY-ST-ZIP	CLEARWATER FL 33756			34 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BAILEY, KEITH			42 NAME			
STREET ADDRESS	8500 ULMERTON RD.			43 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33771			44 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMPSON, TOM			52 NAME			
STREET ADDRESS	2199 NOLAN DR.			53 STREET ADDRESS			
CITY-ST-ZIP	LARGO FL 33770			54 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		61 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEEN, PAUL			62 NAME	Sheila Wasserman		
STREET ADDRESS	2132 MCMULLEN RD.			63 STREET ADDRESS	6201 Burlington Ave. N.		
CITY-ST-ZIP	LARGO FL 33771			64 CITY-ST-ZIP	ST. PETERSBURG, FL 33710		

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: Mary Gray Black 3-15-99 (727) 585-2852
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)