FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:08

DOCUMENT # N46962 (9)

1. Corporation Name
KIWANIS CLUB OF BOCA CIEGA, INC.

Principal Place of Business	Mailing Address
5400 BATES ST. SEMINOLE FL 34642	5400 BATES ST. SEMINOLE FL 34642-7147 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/23/1992
3a. Date of Last Report: 03/07/1994
4. FEI Number: 59-6144672 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

FLORIDA DISTRICT OF KIWANIS INTERNATIONAL,
5545 BENCHMARK LANE
1111 E. PARK LAKE ST.
SANFORD FL 32773

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	ANDERS, DAN A.	1.2 NAME	D WALSINGHAM, FRED
STREET ADDRESS	6321 36TH AVENUE NORTH	1.3 STREET ADDRESS	550 CENTRAL AV. N.
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703-2222
TITLE	D	2.1 TITLE	☒ Change ☐ Addition
NAME	BOWEN SPENCER	2.2 NAME	T BAKER, ROBERT L.
STREET ADDRESS	10596 OAKHURST RD	2.3 STREET ADDRESS	1919 BECKETT LAKE DR.
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	CLEARWATER, FL 34623-4407
TITLE	D	3.1 TITLE	☐ Change ☒ Addition
NAME	DALTON, ROBERT	3.2 NAME	
STREET ADDRESS	9828 ASHLEY DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	3.4 CITY-ST-ZIP	34642-2220
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	DOLGOFF, WILLIAM	4.2 NAME	D D.J. GUARNERY
STREET ADDRESS	7540 BAY ISLAND DR. S.	4.3 STREET ADDRESS	11901 MISSION CREEK #43
CITY-ST-ZIP	SOUTH PASADENA FL	4.4 CITY-ST-ZIP	SEMINOLE, FL 34642-5064
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	FINCH, KEVAN A.	5.2 NAME	PHONK GOMEZ
STREET ADDRESS	710 59TH AVENUE	5.3 STREET ADDRESS	1441 SEAGULL DR. S.
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33707-3935
TITLE	S	6.1 TITLE	☐ Change ☒ Addition
NAME	SOUSA, LAWRENCE P	6.2 NAME	
STREET ADDRESS	5400 BATES STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	SEMINOLE FL	6.4 CITY-ST-ZIP	34642-7147

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)(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.

SIGNATURE: Lawrence P. Sousa 2/4/95 (813) 588-6971
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
LAWRENCE P. SOUSA

0007020