

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 # N46962 (9)

1. Corporation Name

KIWANIS CLUB OF BOCA CIEGA, SAINT PETERSBURG, FL
ORIDA, INC.

Principal Place of Business

5400 BATES ST.
SEMINOLE FL 34642

Mailing Address

5400 BATES ST.
SEMINOLE FL 34642-7147
US



3. Date Incorporated or Qualified
01/23/1992

3a. Date of Last Report
02/10/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip Country

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

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

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

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 P ☐ DELETE
NAME WALSINGHAM, FRED
STREET ADDRESS 550 GLENOAK ST NORTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE T ☐ DELETE
NAME BAKER, ROBERT L.
STREET ADDRESS 1919 BECKETT LAKE DR.
CITY-ST-ZIP CLEARWATER FL

TITLE D ☐ DELETE
NAME DALTON, ROBERT
STREET ADDRESS 9828 ASHLEY DR
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE
NAME GUARNERY, D.J.
STREET ADDRESS 11901 MISSION CIRCLE #413
CITY-ST-ZIP SEMINOLE FL

TITLE D ☐ DELETE
NAME GOMEZ, HANK
STREET ADDRESS 1411 SEAGULL DR SOUTH
CITY-ST-ZIP ST. PETERSBURG FL

TITLE S ☐ DELETE
NAME SOUSA, LAWRENCE P
STREET ADDRESS 5400 BATES STREET
CITY-ST-ZIP SEMINOLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P ☒ Change ☐ Addition
1.2 NAME CORDOVA, IMOGENE C.
1.3 STREET ADDRESS 6942 12TH TERMOE N.
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP 34623

3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME HITT, RICHARD
3.3 STREET ADDRESS 274 1/2 VINA DEL MAR
3.4 CITY-ST-ZIP ST. PETERSBURG, FL 33706

4.1 TITLE D ☒ Change ☐ Addition
4.2 NAME DOWNS, GENE
4.3 STREET ADDRESS 6177 6TH AVENUE N.
4.4 CITY-ST-ZIP ST. PETERSBURG, FL 33710

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP 33707

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP 34642

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

11/17/96 (813) 588-6971

CR2E037 (12/95)