FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N46962

(9)

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

Principal Place	e or business	Mailing Address							
5400 BATES ST. Seminole Fl 34642		5400 BATES ST. SEMINOLE FL 33772-7147 US			the state of the s				
		us				 Date Incorporated or Qualified 01/23/1992 	3a. Date of 01/2	Last Rep 4/1996	
— '	ace of Business	2a. Mailing Address				4. FEI Number 59-6144672			lied For
21		26				33 0 144012			Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	11 7	3.75 Ad Fee Requ	
City & State	9	City & State				6. Election Campaign Financing	\$	5.00 M	lev Be
23		28				Trust Fund Contribution		Added to	
Zip 24	Country 25	Zip 29	Coun	itry		This corporation has liability for in Florida Statutes	ntangible tax u Yes 🔲 No		99.032,
	9. Name and Address of Curre					10. Name and Address of New Re	glatered Agen	t	
				91	Name				
	DISTRICT OF KIWANIS INTERI	NATIONAL,	1	B2	Street Ad	ldress (P.O. Box Number is Not Acceptab	le)		
	NCHMARK LANE PARK LAKE ST.		83						
	D FL 32773		L				1	1 3 - 0	
O/ 11 11 O/ 11	J 12 02(10		'	84	City		FL 85	Zip Co	ode
office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was	authorized	by	the corpor	orporation submits this statement for the p ration's board of directors. I hereby accep	urpose of char of the appointn	nging its nent as re	registered egistered
SIGNATURE _									
	Signature typed or printed name of registered ag			Ager	nt signature rec	quired when reinstating)	DATE	FOTODO	INI 40
TITLE	P OFFICERS AF	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFIC		Change	Addition
NAME	CORDOVA, IMOGENE C	otter	1.7 () L		[Δ,	Mango	L.J Aboldon
STREET ADDRESS	6942 12TH TERRACE N.				ADDRESS				
CITY - ST - ZIP	ST. PETERSBURG FL		1.4 CIT				3371	2-6	126
TITLE	T	☐ DELETE	21 TITL	*****			X	Change	Addition
NAME	BAKER, ROBERT L.		2 2 NAM	ИE	į		- 1		
STREET ADDRESS	1919 BECKETT LAKE DR.		23 STA	EET	address		2//2	2 4	W/AM
CITY-ST-ZIP	CLEARWATER FL		2 4 CIT	Y-\$	iT - ZIP		3462		407
TITLE	D	☐ DELETE	3 1 TH	.E			K	Change	Addition
NAME	HITT, RICHARD		3.2 NA	ИE	- 1		,		
STREET ADDRESS	2742 VINA DEL MAR		3.3 STR	REET.	ADDRESS		3370	1-2	735
CITY-SI-ZIP	ST. PETERSBURG FL		3.4. CIT						
TITLE	D	☐ DELETE	4.1 TITI			Da - wasting	$_{0}$ \mathcal{A}^{1}	Change	Addition
NAME	DOWNS, GENE P		4. 2 NA			LEZ) INTO A	4)		
STREET ADDRESS	6177 6TH AVE. N.				ADDRESS	DELT, MARLILYA 6780 975 AVE STIETENSEURS, A	227	10-3	122
CITY-ST-ZIP TITLE	ST. PETERSBURG FL D	☐ DELETE	4.4 CIT		1-ZIP	STIPE WESTURY		Change	Addition
	GOMEZ, HANK	_ beerie	5.2 NA		•	RAYMOND, UMAYNE		mango	THOUGHT?
NAME STREET ADDRESS	1411 SEAGULL DR SOUTH		1		ADDRESS	9627 Seuce	n		
CITY-ST-ZIP	ST. PETERSBURG FL		5.4 CIT		- 1	26417/EM 2	2772-	234	7
TITLE	\$	☐ DELETE	6.1 TITI		1-211		X	Change	Addition
NAME	SOUSA, LAWRENCE P		6.2 NA					▼*	
STREET ADDRESS	5400 BATES STREET				ADDRESS			_ ^	
CITY-ST-ZIP	SEMINOLE FL		6.4 CIT				3377	2//	47

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/1999 (813)538-697/

FILED

Jan 17 1997 8:00am

Secretary of State

Daytime Phone # 0051709

:R2E037 (9/96)