

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 17 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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

Mailing Address

5400 BATES ST.
SEMINOLE FL 346425400 BATES ST.
SEMINOLE FL 33772-7147
US3. Date Incorporated or Qualified
01/23/19923a. Date of Last Report
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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9. Name and Address of Current Registered Agent

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
P	CORDOVA, IMOGENE C	6942 12TH TERRACE N.	ST. PETERSBURG FL	<input type="checkbox"/>
T	BAKER, ROBERT L.	1919 BECKETT LAKE DR.	CLEARWATER FL	<input type="checkbox"/>
D	HITT, RICHARD	2742 VINA DEL MAR	ST. PETERSBURG FL	<input type="checkbox"/>
D	DOWNS, GENE P	6177 6TH AVE. N.	ST. PETERSBURG FL	<input type="checkbox"/>
D	GOMEZ, HANK	1411 SEAGULL DR SOUTH	ST. PETERSBURG FL	<input type="checkbox"/>
S	SOUSA, LAWRENCE P	5400 BATES STREET	SEMINOLE FL	<input type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
			33710-6126	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			34623-4407	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33706-2735	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33710-3122	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			33772-7241	<input checked="" type="checkbox"/>	<input type="checkbox"/>

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

Date

Daytime Phone # 0051708

CR2E037 (9/96)