

FILE NOW: FILING FEE IS \$61.25

**FILED**  
Feb 22, 1999 8:00 am  
Secretary of State

02-22-1999 90096 010 \*\*\*\*61.25

0055767

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N46962**

1. Corporation Name

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

Principal Place of Business

**5400 BATES ST.  
SEMINOLE FL 33772-147  
US**

Mailing Address

**5400 BATES ST.  
SEMINOLE FL 33772-147  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

33772-7147 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

33772-7147 29 30

3. Date Incorporated or Qualified

**01/23/1992**

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

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 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 **D** ☒ DELETE  
NAME **CORDOVA, IMOGENE C**  
STREET ADDRESS **6942 12TH TERRACE N.**  
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 **HITT, RICHARD**  
STREET ADDRESS **2742 VINA DEL MAR**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **P** ☒ DELETE  
NAME **FELT, MARILYN**  
STREET ADDRESS **6780 9TH AVE N**  
CITY-ST-ZIP **ST. PETERSBURG FL**

TITLE **D** ☒ DELETE  
NAME **RAYMOND, WAYNE**  
STREET ADDRESS **9627 ASHLEY DR**  
CITY-ST-ZIP **SEMINOLE FL**

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

13.

1.1 TITLE **D** ☒ Change ☐ Addition  
1.2 NAME **DAN A ANDERS**  
1.3 STREET ADDRESS **8321 36TH AVE N**  
1.4 CITY-ST-ZIP **ST. PETERSBURG FL 33710-1017**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **33763-4407**  
2.3 STREET ADDRESS ☒ Change ☐ Addition  
2.4 CITY-ST-ZIP **33763-4407**

3.1 TITLE **D** ☒ Change ☐ Addition  
3.2 NAME **KENNETH J HABERSHON**  
3.3 STREET ADDRESS **6301 13TH AVE N**  
3.4 CITY-ST-ZIP **ST. PETERSBURG FL 33710-5507**

4.1 TITLE **P** ☒ Change ☐ Addition  
4.2 NAME **DAVID YERGOVICH**  
4.3 STREET ADDRESS **13625 BUCK BLVD**  
4.4 CITY-ST-ZIP **MARIETTA GA 30068**

5.1 TITLE **D** ☒ Change ☐ Addition  
5.2 NAME **ALBERT C FEARS**  
5.3 STREET ADDRESS **7009 GREENBRIER DR**  
5.4 CITY-ST-ZIP **SEMINOLE FL 33777**

6.1 TITLE ☒ Change ☐ Addition  
6.2 NAME **33772-7147**  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)