


# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2003 8:00 am**  
**Secretary of State**

02-21-2003 90245 001 \*\*\*\*61.25

<b>DOCUMENT # N46962</b>	
<b>1. Entity Name</b> <b>KIWANIS CLUB OF BOCA CIEGA, SAINT PETERSBURG, FL ORIDA, INC.</b>	

<b>Principal Place of Business</b> <b>5400 BATES ST.</b> <b>SEMINOLE FL 33772-7147</b> <b>US</b>	<b>Mailing Address</b> <b>5400 BATES ST.</b> <b>SEMINOLE FL 33772-7147</b> <b>US</b>
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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<b>6. Name and Address of Current Registered Agent</b>			
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**FLORIDA DISTRICT OF KIWANIS INTERNATIONAL,**  
**5545 BENCHMARK LANE**  
**1111 E. PARK LAKE ST.**  
**SANFORD FL 32773**

<b>4. FEI Number</b> <b>59-6144672</b>	Applied For
	Not Applicable

<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>7. Name and Address of New Registered Agent</b>	
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Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

**8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.**

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

<b>FILE NOW: FEE IS \$61.25</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
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<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>BURKE, FRANK</b> <b>6496 32ND AVENUE N</b> <b>SAINT PETERSBURG FL 33710</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>T</b> <b>BAKER, ROBERT L.</b> <b>1919 BECKETT LAKE DR.</b> <b>CLEARWATER FL 33763-4407</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>DALTON, ROBERT B</b> <b>9828 ASHLEY DR</b> <b>SEMINOLE FL 33772-2200</b> <input checked="" type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>P</b> <b>RICHARD L KELLER</b> <b>2702 PASS-A-GRILLE WAY</b> <b>ST. PETE BEACH, FL 33706-4164</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>CORDIVA, IMMOGENE</b> <b>6942 12TH TERR N</b> <b>SAINT PETERSBURG FL 33710-6126</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>S</b> <b>SOUSA, LAWRENCE P</b> <b>5400 BATES STREET</b> <b>SEMINOLE FL 33772-7147</b> <input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.**

**SIGNATURE:** LAWRENCE P. SOUSA  
**2-17-2003 727-585-6993**

CR2E037 (10/02)