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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 12 PM 11:42

DOCUMENT # **N47618** **(6)**

1. Corporation Name
KIWANIS CLUB OF GULF COAST-SARASOTA, INC.

Principal Place of Business	Mailing Address
1817 SPRINGWOOD DR SARASOTA FL 34232-352 US	1817 SPRINGWOOD DR SARASOTA FL 34232-352 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/28/1992
3a. Date of Last Report: 04/08/1994
4. FEI Number: 59-0870760 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

TSCHUMAKOW, ALEXANDER A.
1817 SPRINGWOOD DRIVE
SARASOTA FL 34232-3352

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	D	☒ Change ☐ Addition
NAME	FIELD, RICHARD J.	12 NAME		
STREET ADDRESS	1545 SHADOW RIDGE CIRCLE	13 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	PD	☑ Change ☐ Addition
NAME	DICKINSON, JEFFREY F.	22 NAME		
STREET ADDRESS	1515 SOUTH OSPREY AVE	23 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	24 CITY-ST-ZIP		
TITLE	VD	31 TITLE		☐ Change ☐ Addition
NAME	GOODWILL, JAY A.	32 NAME		
STREET ADDRESS	5303 PINKNEY AVE	33 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	TSCHUMAKOW ALEXANDER A	42 NAME		
STREET ADDRESS	1817 SPRINGWOOD DRIVE	43 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL 52	44 CITY-ST-ZIP		
TITLE	TD	51 TITLE		☐ Change ☐ Addition
NAME	WORTHINGTON, MICHAEL K	52 NAME		
STREET ADDRESS	3793 STERLING RD	53 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	VP	☒ Change ☐ Addition
NAME	GULSBY, JAMES F.	62 NAME	FRANKLIN, ALFRED A. JR	
STREET ADDRESS	323 CATTLEMAN RD	63 STREET ADDRESS	2515 SOUTH TAMIAMI TRAIL	
CITY-ST-ZIP	SARASOTA FL	64 CITY-ST-ZIP	SARASOTA, FL 34231-4270	

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)(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: _____ Alexander A. Tschumakow 03/27/1995 (813) 371-1069
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0083391