

FILE NOW: FILING FEE IS \$61.25

FILED  
May 07 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N49813** (1)  
1. Corporation Name  
**KIWANIS CLUB OF PALMA CEIA-WESTSHORE, TAMPA, INC**

Principal Place of Business <b>P.O. BOX 10232 TAMPA FL 33679-0232</b>	Mailing Address <b>P.O. BOX 10232 TAMPA FL 33679-0232</b>
--	--



2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>07/10/1992</b>		3a. Date of Last Report <b>05/20/1996</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>59-0878316</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HUERTA, GENARO 4102 KENSINGTON AVE. TAMPA FL 33629-8535</b>				10. Name and Address of New Registered Agent			
				81 Name (same)			
				82 Street Address (P.O. Box Number is Not Acceptable) <b>2904 W. Lake Ave</b>			
				83 <b>Tampa, FL 33607-6340</b>			
				84 City <b>FL</b> 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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>GATOE, WILLIAM E</b>			1.2 NAME	<b>HART, DR. ROBERT S</b>		
STREET ADDRESS	<b>3205 ROWAN LN</b>			1.3 STREET ADDRESS	<b>5001 W. CYPRESS ST</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			1.4 CITY-ST-ZIP	<b>TAMPA, FL 33607-3803</b>		
TITLE	<b>P</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<b>PP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SAWYER, JAMES E</b>			2.2 NAME			
STREET ADDRESS	<b>21813 DUPREE DR.</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>LAND O LAKES FL</b>			2.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MOORE, DANIEL F</b>			3.2 NAME			
STREET ADDRESS	<b>3323 SWANN AVE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>TAMPA FL</b>			3.4 CITY-ST-ZIP			
TITLE	<b>D</b>	<input type="checkbox"/> DELETE		4.1 TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>DOTSON, JOSEPH E</b>			4.2 NAME			
STREET ADDRESS	<b>307 BRYAN OAKS AVE</b>			4.3 STREET ADDRESS			
CITY-ST-ZIP	<b>BRANDON FL</b>			4.4 CITY-ST-ZIP			
TITLE	<b>PP</b>	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	<b>DAVIS, ROBERT JR.</b>			5.2 NAME	<b>GRIFFIN, FLOYD F</b>		
STREET ADDRESS	<b>2949 KNIGHTS AVE</b>			5.3 STREET ADDRESS	<b>502 eL SERENO PL #151</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			5.4 CITY-ST-ZIP	<b>TAMPA, FL 33603</b>		
TITLE	<b>S</b>	<input type="checkbox"/> DELETE		6.1 TITLE	<b>S/T</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HUERTA, GENARO</b>			6.2 NAME			
STREET ADDRESS	<b>4102 KENSINGTON AVE.</b>			6.3 STREET ADDRESS	<b>2904 W. LAKE AVE</b>		
CITY-ST-ZIP	<b>TAMPA FL</b>			6.4 CITY-ST-ZIP	<b>TAMPA, FL 33607</b>		

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:  **GENARO HUERTA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 26, 1997 (813)839-1034

Date \_\_\_\_\_ Daytime Phone # 0049197

CR2E037 (9/96)