

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90038 038 ****61.25

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DOCUMENT # N49813

1. Corporation Name

KIWANIS CLUB OF PALMA CEIA-WESTSHORE, TAMPA, INC

455275 - 90038 - 38

Principal Place of Business

P.O. BOX 10232
TAMPA FL 33679-0232

Mailing Address

P.O. BOX 10232
TAMPA FL 33679-0232



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

07/10/1992

4. FEI Number

59-0878316

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

HUERTA, GENARO
2904 W. LAKE AVE.
TAMPA FL 33607

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 P
NAME HART, DR. R S.
STREET ADDRESS 5001 W. CYPRESS ST
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE D
NAME SAWYER, JAMES E
STREET ADDRESS 21813 DUPREE DR.
CITY-ST-ZIP LAND O LAKES FL

☐ DELETE

TITLE D
NAME MOORE, DANIEL F
STREET ADDRESS 3323 SWANN AVE
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE PP
NAME DOTSON, JOSEPH E
STREET ADDRESS 307 BRYAN OAKS AVE
CITY-ST-ZIP BRANDON FL

☒ DELETE

TITLE D
NAME GRIFFIN, FLOYD F
STREET ADDRESS 501 EL SERENO PLACE, #151
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE ST
NAME HUERTA, GENARO
STREET ADDRESS 2904 W. LAKE AVE.
CITY-ST-ZIP TAMPA FL

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Past President

☒ Change

☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Director
PATTERSON, FRANK T
2615 S. DUNDEE ST
TAMPA, FL

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 27, 1999 (813) 876-9561
Date Daytime Phone #

CR2E037 (11/98)