

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N50977** (0)
1. Corporation Name
KIWANIS CLUB OF PROGRESSIVE SARASOTA, INC.



Principal Place of Business
**1550 RINGLING BLVD.
SARASOTA FL 34236**

Mailing Address
**1550 RINGLING BLVD.
SARASOTA FL 34236**

3. Date Incorporated or Qualified
09/23/1992

3a. Date of Last Report
02/01/1995

4. FEI Number
65-0340815

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 **200 S. Orange Ave.**
Suite, Apt. #, etc.
22
City & State
23 **Sarasota, FL**
Zip
24 **34236**

2a. Mailing Address
26 **PO Box 3258**
Suite, Apt. #, etc.
27
City & State
28 **Sarasota, FL**
Zip
29 **34230-3258**

Country
25 **USA**
30 **USA**

9. Name and Address of Current Registered Agent

**MOORE, JOHN L.
WILLIAMS, PARKER, HARRISON, DIETZ & GREEN
1550 RINGLING BLVD.
SARASOTA FL 34236**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
200 S. Orange Ave.
83
84 City **Sarasota** **FL** 85 Zip Code **34236**

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDS, RON	1.2 NAME	
STREET ADDRESS	2328 N. WASHINGTON BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SADLO, WILLIAM	2.2 NAME	
STREET ADDRESS	3100 FRUITVILLE RD	2.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLAN, MISLINE	3.2 NAME	
STREET ADDRESS	6159 CANDLEWOOD WAY	3.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENCHINGER, THOMAS A.	4.2 NAME	
STREET ADDRESS	4316 ARDALE ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, JOHN L.	5.2 NAME	Moore, John L.
STREET ADDRESS	1550 RINGLING BLVD	5.3 STREET ADDRESS	200 S. Orange Ave.
CITY - ST - ZIP	SARASOTA FL	5.4 CITY - ST - ZIP	Sarasota, FL
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAZOR, CHRIS	6.2 NAME	
STREET ADDRESS	501 N. BENEVA RD. SUITE 550	6.3 STREET ADDRESS	
CITY - ST - ZIP	SARASOTA FL	6.4 CITY - ST - ZIP	

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/17/96 346-4800
Date Daytime Phone #

CR2E037 (12/95)