

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90161 045 ****61.25

DOCUMENT # N50977

1. Corporation Name

KIWANIS CLUB OF PROGRESSIVE SARASOTA, INC.

Principal Place of Business

200 S ORANGE AVE
SARASOTA FL 34236
US

Mailing Address

200 E ORANGE AVE
SARASOTA FL 34236
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

09/23/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0340815

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOORE, JOHN L.
200 S. ORANGE AVE.
1550 RINGLING BLVD.
SARASOTA FL 34236

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME WILDS, RON
STREET ADDRESS 2328 N. WASHINGTON BLVD
CITY-ST-ZIP SARASOTA FL

1.1 TITLE President ☐ Change ☒ Addition
1.2 NAME Wilds, Cindy
1.3 STREET ADDRESS 2328 N. Washington Blvd
1.4 CITY-ST-ZIP Sarasota FL

TITLE D ☐ DELETE
NAME SADLO, WILLIAM
STREET ADDRESS 3100 FRUITVILLE RD
CITY-ST-ZIP SARASOTA FL

2.1 TITLE President-Elect ☐ Change ☒ Addition
2.2 NAME LYNN TRAMMELL
2.3 STREET ADDRESS 4035 S. School Ave #A8
2.4 CITY-ST-ZIP Sarasota FL 34231

TITLE D ☒ DELETE
NAME ALLAN, MISLINE
STREET ADDRESS 6159 CANDLEWOOD WAY
CITY-ST-ZIP SARASOTA FL

3.1 TITLE KATHY COLLUMS Director ☐ Change ☒ Addition
3.2 NAME KATHY COLLUMS
3.3 STREET ADDRESS 4541 Charming Cross Rd
3.4 CITY-ST-ZIP Sarasota FL 34231

TITLE D ☐ DELETE
NAME MENCHINGER, THOMAS A.
STREET ADDRESS 4316 ARDALE ST
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☐ DELETE
NAME MOORE, JOHN L.
STREET ADDRESS 200 S. ORANGE AVE.
CITY-ST-ZIP SARASOTA FL

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

TITLE D ☒ DELETE
NAME KAZOR, CHRIS
STREET ADDRESS 501 N. BENEVA RD. SUITE 550
CITY-ST-ZIP SARASOTA FL

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

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

SIGNATURE:

THOMAS A. MENCHINGER

Date

Daytime Phone #

CR2E037 (1/98)