

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 # N51295 (6)
1. Corporation Name
KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC



Principal Place of Business
**15219 GULF BLVD
MADEIRA BEACH FL 33708**

Mailing Address
**15219 GULF BLVD
MADEIRA BEACH FL 33708**

3. Date Incorporated or Qualified
07/27/1992

3a. Date of Last Report
05/01/1995

4. FEI Number
59-3133345

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 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

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

9. Name and Address of Current Registered Agent

**SMITH, GERALDINE A
15219 GULF BLVD
MADEIRA BEACH FL 33708**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LITTELL, TERRY	
STREET ADDRESS	301 87TH AVE, STE 301	
CITY - ST - ZIP	ST. PETE BCH. FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, GERALDINE A	
STREET ADDRESS	15219 GULF BLVD	
CITY - ST - ZIP	MADEIRA BEACH FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, HARVEY	
STREET ADDRESS	7300 SUN ISLAND DR #1803	
CITY - ST - ZIP	SOUTH PASADENA FL 33707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SPRAYBERRY, LINDA	
STREET ADDRESS	484 AVLLA CR NE	
CITY - ST - ZIP	ST PETE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	GONSER, ROBERT	
1.3 STREET ADDRESS	6116 46TH AVE N	
1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33709	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN E. KOSCO	
2.3 STREET ADDRESS	8213 CRENSHAW CR.	
2.4 CITY - ST - ZIP	TAMPA, FL 33615	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PHYLLIS BOKSEN	
3.3 STREET ADDRESS	690 ISLAND WAY	
3.4 CITY - ST - ZIP	CLEARWATER, FL 34640	
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	LITTELL, TERRY	
4.3 STREET ADDRESS	13917 76TH TER N	
4.4 CITY - ST - ZIP	SEMINOLE, FL 34646	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

MARTINE E. KOSCO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (813) 347-3132
Date Daytime Phone #

CR2E037 (12/95)