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FILED

Apr 30 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Northam**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N51295 (6)

1. Corporation Name

KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC

Principal Place of Business

Mailing Address

15219 GULF BLVD  
MADEIRA BEACH FL 3370815219 GULF BLVD  
MADEIRA BEACH FL 33708-1814

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/27/1992

3a. Date of Last Report

04/18/1996

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 Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☒

No

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 TD  
NAME GONSER, ROBERT  
STREET ADDRESS 6116 48TH AVENUE NORTH  
CITY-ST-ZIP ST. PETE BCH. FL ☒ DELETETITLE SD  
NAME KOSSCO, MARTIN  
STREET ADDRESS 8213 CRENSHAW CIRCLE  
CITY-ST-ZIP TAMPA FL ☒ DELETETITLE DT  
NAME BOKSEN, PHYLLIS  
STREET ADDRESS 690 ISLAND WAY  
CITY-ST-ZIP CLEARWATER FL ☒ DELETETITLE D  
NAME LITRELL, TERRY  
STREET ADDRESS 13917 76TH TERRACE NORTH  
CITY-ST-ZIP SEMINOLE FL ☒ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETETITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRES. DIRECTOR  
1.2 NAME GERALDINE SMITH  
1.3 STREET ADDRESS 15219 GULF BLVD  
1.4 CITY-ST-ZIP MADEIRA BCH FL 33708 ☐ Change ☐ Addition2.1 TITLE SEC. DIRECTOR  
2.2 NAME LAILA PETROU  
2.3 STREET ADDRESS 16240 GULF BLVD  
2.4 CITY-ST-ZIP RADINGTON BCH FL 33708 ☐ Change ☐ Addition3.1 TITLE PRES. ADL. DIRECTOR  
3.2 NAME ERIC BUTLER  
3.3 STREET ADDRESS 16108 W ST B  
3.4 CITY-ST-ZIP RAD. BCH. FL 33708 ☐ Change ☐ Addition4.1 TITLE TRAS. DIRECTOR  
4.2 NAME JORG COBAL  
4.3 STREET ADDRESS 15103 MADIRA WAY  
4.4 CITY-ST-ZIP MADEIRA BCH FL 33708 ☐ Change ☐ Addition5.1 TITLE VICE PRES. DIRECTOR  
5.2 NAME PHYLLIS BOKSEN  
5.3 STREET ADDRESS 690 ISLAND WAY, CLW, FL  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050638

CR2E037 (9/96)