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Mar 02 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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2. Principal Place of Business 21 1001 Starkey Rd., Lot 73 Suite, Apt. #, etc. 22 MADEIRA BEACH, FL City & State 23 Largo, FL Zip 24 33771	2a. Mailing Address 26 1001 Starkey Rd., Lot 73 Suite, Apt. #, etc. 27 MADEIRA BEACH, FL City & State 28 Largo, FL Zip 29 33771	Country 25 USA 30 USA
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3. Date Incorporated or Qualified 07/27/1992
4. FEI Number 59-3133345
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

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 **D. E. "Gene" Harris**
82 Street Address (P.O. Box Number is Not Acceptable) **1001 Starkey Road, Lot 73**
83
84 City **Largo** **FL** 85 Zip Code **33771**

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 *D. E. "Gene" Harris* **D. E. "Gene" Harris** **2/24/98**
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 NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, GERLIDINE 15219 GULF BLVD. MADEIRA BE <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PETROU, LAILA 18240 GULF BLVD. REDINGTON BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUTLER, ERIC 16108 4 ST E. REDINGTON BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOBAL, JORG 15103 MADERIA WAY MADEIRA BEACH FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOKSEN, PHYLIS 690 ISLAND WAY CLEARWATER FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	PD Robert Maus 9569 117th St. N. Seminole, FL 33772 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VPD Eric Butler 16108 4th St. E. Redington Beach, FL 33708 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Laura Smith 777 Pasadena Ave. So. Pasadena, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Harvey Bernstein 7300 Sun Island Drive #1803 So. Pasadena, FL 33707 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VPD Phylis Boksen 690 Island Way Clearwater, FL 33770 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *Robert Maus* **Robert Maus** **(813) 347-7645**

CR2E037 (10/97)