

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90005 007 ****61.25

DOCUMENT # N512951

1. Corporation Name

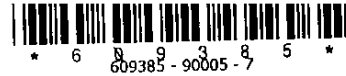
KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC

Principal Place of Business

Mailing Address

1001 STARKEY ROAD
LOT 73
LARGO FL 33771
US

1001 STARKEY ROAD
LOT 73
LARGO FL 33771
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

29 Country

3. Date Incorporated or Qualified

07/27/1992

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

9. Name and Address of Current Registered Agent

HARRIS, D.E. (GENE)
1001 STARKEY ROAD
LOT 73
LARGO FL 33771

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 PD
NAME MAUS, ROBERT
STREET ADDRESS 9659 117TH STREET N.
CITY-ST-ZIP SEMINOLE FL 33772

TITLE VPD
NAME BUTLER, ERIC
STREET ADDRESS 16108 4TH STREET E.
CITY-ST-ZIP REDINGTON BEACH FL 33708

TITLE SD
NAME SMITH, LAURA
STREET ADDRESS 777 PASADENA AVENUE
CITY-ST-ZIP SOUTH PASADENA FL 33707

TITLE TD
NAME BERNSTEIN, HARVEY
STREET ADDRESS 7300 SUN ISLAND DRIVE #1803
CITY-ST-ZIP SOUTH PASADENA FL 33707

TITLE VPD
NAME BOKSEN, PHYLIS
STREET ADDRESS 690 ISLAND WAY
CITY-ST-ZIP CLEARWATER FL 33770

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President, Director
1.2 NAME Eric Butler
1.3 STREET ADDRESS 16108 4th Street E.
1.4 CITY-ST-ZIP Redington Beach, FL 33708

2.1 TITLE VPD
2.2 NAME Albert E. Andriou II
2.3 STREET ADDRESS 160 Hartsdale Drive
2.4 CITY-ST-ZIP Largo FL 33773-4429

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/19/99

(727) 539-0451

CR2E037 (5/99)