

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).

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

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

NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
**1999**

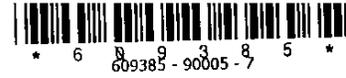


FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **N51295**

1. Corporation Name  
**KIWANIS CLUB OF GULF BEACHES, MADEIRA BEACH, INC**

Principal Place of Business 1001 STARKEY ROAD LOT 73 LARGO FL 33771 US	Mailing Address 1001 STARKEY ROAD LOT 73 LARGO FL 33771 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>07/27/1992</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>59-3133345</b>
22 City & State	27 City & State	Applied For <input type="checkbox"/> Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
24 Country	29 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>HARRIS, D.E. (GENE)</b> 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
			<b>FL</b>
		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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	NAME <b>MAUS, ROBERT</b>	1.1 TITLE <i>President, Director</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>9659 117TH STREET N.</b>	CITY-ST-ZIP <b>SEMINOLE FL 33772</b>	1.2 NAME <i>Eric Butler</i>	
		1.3 STREET ADDRESS <i>16108 4th Street E.</i>	
		1.4 CITY-ST-ZIP <i>Redington Beach, FL 33707</i>	
TITLE <b>VPD</b>	NAME <b>BUTLER, ERIC</b>	2.1 TITLE <i>VPD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>16108 4TH STREET E.</b>	CITY-ST-ZIP <b>REDINGTON BEACH FL 33708</b>	2.2 NAME <i>Albert E. Andriou II</i>	
		2.3 STREET ADDRESS <i>1260 Herbshire Drive</i>	
		2.4 CITY-ST-ZIP <i>Largo FL 33773-4429</i>	
TITLE <b>SD</b>	NAME <b>SMITH, LAURA</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>777 PASADENA AVENUE</b>	CITY-ST-ZIP <b>SOUTH PASADENA FL 33707</b>	3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY-ST-ZIP	
TITLE <b>TD</b>	NAME <b>BERNSTEIN, HARVEY</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>7300 SUN ISLAND DRIVE #1803</b>	CITY-ST-ZIP <b>SOUTH PASADENA FL 33707</b>	4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	NAME <b>BOKSEN, PHYLIS</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>690 ISLAND WAY</b>	CITY-ST-ZIP <b>CLEARWATER FL 33770</b>	5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY-ST-ZIP		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]* **SIGNATURE REQUIRED** **8/19/99** **(727) 539-0451**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (5/99)