

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005143 (3)

1. Corporation Name

KIWANIS CLUB OF STUART, FLORIDA, INC.



Principal Place of Business

Mailing Address

P.O. BOX 532
STUART FL 34995

P.O. BOX 532
STUART FL 34995

3. Date Incorporated or Qualified

11/16/1993

3a. Date of Last Report

12/11/1995

2. Principal Place of Business

2a. Mailing Address

21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Country
24	Country	29	Zip
25	Country	30	Country

4. FEI Number

59-6151478

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUCE, KEITH
1038 E. OCEAN BLVD.
STUART FL 34996**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUCE, KEITH	
STREET ADDRESS	1038 E. OCEAN BLVD.	
CITY-ST-ZIP	STUART FL 34996	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	LAYCOCK, TODD	
STREET ADDRESS	3371 SW SUNSET TRACE CIR	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRENNAN, NOEL	
STREET ADDRESS	4290 SE BOXLEAF PLACE	
CITY-ST-ZIP	STUART FL 34997	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	FRECHETTE, GARY	
STREET ADDRESS	800 MONTEREY RD	
CITY-ST-ZIP	STUART FL 34994	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NUTTALL, GREG	
STREET ADDRESS	3101 SE BEDFORD DRIVE	
CITY-ST-ZIP	STUART FL 34997	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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	

<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
<input type="checkbox"/> Change	<input type="checkbox"/> Addition

PD
FRECHETTE, GARY
800 MONTEREY RD
STUART, FL 34994

VP
NUTTALL, GREG
3101 SE BEDFORD DRIVE
STUART, FL 34997

VP
ESSENWINE, BARBARA
P.O. Box 1469 - NA
STUART, FL 34991

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:

Keith E. Bruce
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Keith E. Bruce

23 July 1996 (561) 287-5222
Date Daytime Phone #