FILE NOW: FILING FEE IS $61.25

FILED
Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # N94000001707 (8)

1. Corporation Name

KIWANIS CLUB OF GREATER BRANDON FOUNDATION, INC.

Principal Place of Business	Mailing Address
1013 WINCHESTER LANE VALRICO FL 33594	P. O. BOX 581 BRANDON FL 33509-0581 US

3. Date Incorporated or Qualified: 04/04/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21 2208 CHEROKEE TRAIL
Suite, Apt. #, etc. 22
City & State 23 VALRICO, FL
Zip 24 33594-5533 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc. 27
City & State 28
Zip 29 Country 30

4. FEI Number: 59-3374183 ☐ 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

BARTLETT, ROBERT R
2509 BEACHWOOD LANE
VALRICO FL 33594

10. Name and Address of New Registered Agent

81 Name: JOHN T. KINGSTON, P.A.
82 Street Address (P.O. Box Number is Not Acceptable): 209 E. ROBERTSON ST
83
84 City: BRANDON FL 85 Zip Code: 33511

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] 1/7/97
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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MCKENNEY, WAYNE		1.2 NAME		
STREET ADDRESS	1013 WINCHESTER LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		1.4 CITY-ST-ZIP		
TITLE	VPD	☒ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME	BARRY, BILL		2.2 NAME	NELSON, DON	
STREET ADDRESS	2236 EAGLE BLUFF DR.		2.3 STREET ADDRESS	2715 BENT LEAF DRIVE	
CITY-ST-ZIP	VALRICO FL 33594		2.4 CITY-ST-ZIP	VALRICO, FL 33594	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BARTLETT, ROBERT R		3.2 NAME		
STREET ADDRESS	2509 BEACHWOOD LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STERTZER, CHARLOTTE		4.2 NAME		
STREET ADDRESS	3416 BENT OAK ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ANTROSS, RICHARD		5.2 NAME		
STREET ADDRESS	2208 CHEROKEE TR		5.3 STREET ADDRESS		
CITY-ST-ZIP	VALRICO FL 33594		5.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME	TRAVIS, PATTI		6.2 NAME	NORMAN, KEN	
STREET ADDRESS	1005 WINCHESTER LANE		6.3 STREET ADDRESS	2019 CRICKET LANE	
CITY-ST-ZIP	VALRICO FL 33594		6.4 CITY-ST-ZIP	VALRICO, FL 33594	

CR2E037 (9/96)

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] RICHARD C. ANTROSS 2/3/97 (813) 685-4302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0045320