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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N94000001707

1. Corporation Name
KIWANIS CLUB OF GREATER BRANDON FOUNDATION, INC.

Principal Place of Business	Mailing Address
2208 CHEROKEE TRAIL VALRICO FL 33599-5533 US	P. O. BOX 581 BRANDON FL 33509-0581 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/04/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3374183 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~JOHN T. KINGSTON PA~~ ~~209 E. ROBERTSON ST.~~ ~~BRANDON FL 33511~~ Rodney Pullen 2224 Cattleman Dr Brandon Fl 33511	81 Name: Rodney Pullen 82 Street Address (P.O. Box Number is Not Acceptable): 2224 Cattleman Dr 83 84 City: Brandon FL 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 Rod C Pullen RODNEY C. PULLEN 2/02/1999
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~MCKENNEY, WAYNE~~ ~~1013 WINCHESTER LANE~~ ~~VALRICO FL 33594~~	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Rodney Pullen (Pres) 2224 Cattleman Dr. Brandon FL 33511	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~NELSON, DON~~ ~~2715 BENT LEAF DR.~~ ~~VALRICO FL~~	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	vice president Garry Scheuer 3438 Yale Cr Riverview FL 33569	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~BARTLETT, ROBERT R~~ ~~2509 BEACHWOOD LANE~~ ~~VALRICO FL 33594~~	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4. CITY-ST-ZIP	Treasurer Marcy Singleton 1710 S. Valrico Rd. Valrico FL 33594	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ~~STERTZER, CHARLOTTE~~ ~~3416 BENT OAK ST.~~ ~~VALRICO FL 33594~~	☑ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	Director/Trustee Susan Bond 9923 Bay Dr Gibsonton FL 33534	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ANTROSS, RICHARD 2208 CHEROKEE TR VALRICO FL 33594	☑ DELETE Leave in	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Director/Trustee Chris Bredbenner 910 Greenwell Brandon FL 33511	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ~~NORMAN, KEN~~ ~~2019 CRICKET LANE~~ ~~VALRICO FL~~	☑ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Director/TRUSTEE KIM-MARIE PALEK 1724 Staysail VALRICO FL 33594	☐ Change ☐ 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, with all other like empowered.

SIGNATURE: ~~Rod C Pullen~~ SIGNATURE REQUIRED RODNEY C. PULLEN 2/02/1999 813-621-6094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037_(1.1/98)