

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90224 014 ****61.25

DOCUMENT # N94000002684

1. Corporation Name

KIWANIS CLUB OF BELLEVIEW, INC.

Principal Place of Business

9080 SE 154 LN
SUMMERFIELD FL 34491
US

Mailing Address

9080 SE 154 LN
SUMMERFIELD FL 34491
US



2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

CALERO, ANN
9080 SE 154 LN
SUMMERFIELD FL 34491

3. Date Incorporated or Qualified

05/23/1994

4. FEI Number

59-3253878

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

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

T
NAME TOOTH, LINDA L
STREET ADDRESS 238 SW 96 LANE
CITY-ST-ZIP OCALA FL 34476

☐ DELETE

D
NAME BAIRSTOW, STEVE
STREET ADDRESS 10905 SE US HWY 441
CITY-ST-ZIP BELLEVIEW FL

☐ DELETE

P
NAME BAINSTW, MARIE
STREET ADDRESS 5520 SE 113TH ST
CITY-ST-ZIP BELLEVIEW FL 34420

☐ DELETE

D
NAME BAINSTOW, STEVE
STREET ADDRESS 5520 SE 113TH ST
CITY-ST-ZIP BELLEVIEW FL 34420

☐ DELETE

D
NAME MAXEY, WARNELL
STREET ADDRESS 3351 SE 73 ST
CITY-ST-ZIP OCALA FL

☐ DELETE

S
NAME CALERO, ANN
STREET ADDRESS 9080 SE 154 LANE
CITY-ST-ZIP SUMMERFIELD FL 34491

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE ☐ Change ☐ Addition
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:

Ann Calero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

352-245-7036

Daytime Phone #

CR2E037 (11/98)