

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N94000004228

1. Corporation Name

KIWANIS CLUB OF DADE CITY, FLORIDA, INC.

Principal Place of Business

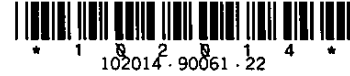
P.O. BOX 353  
DADE CITY FL 33526

Mailing Address

P.O. BOX 353  
DADE CITY FL 33526

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90061 022 \*\*\*\*61.25



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/29/1994

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-6152212

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

23

28

Zip Country

Zip Country

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GASKIN, DAVID  
8833 HANDCART ROAD  
ZEPHYRHILLS FL 33544

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 PD  
NAME CARR, MIKE  
STREET ADDRESS 37325 CHURCH AVE.  
CITY-ST-ZIP DADE CITY FL 33526-0095

☒ DELETE

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

☐ Change ☐ Addition

TITLE SD  
NAME MIZE, GERALDINE  
STREET ADDRESS 11704 HWY. 301  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE TD  
NAME LYNCH, GREGG A  
STREET ADDRESS 37945 SOUTHVIEW AVE  
CITY-ST-ZIP DADE CITY FL

☐ DELETE

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

☐ Change ☐ Addition

TITLE VD  
NAME POMFRET, ANNE E  
STREET ADDRESS 30231 FAIRWAY DRIVE  
CITY-ST-ZIP WESLEY CHAPEL FL 33543-4435

☐ DELETE

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

☐ Change ☐ Addition

TITLE P. D.  
NAME Kendrick, Bill  
STREET ADDRESS 35429 Bill Drive  
CITY-ST-ZIP Zephyrhills FL 33540

☐ DELETE

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

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ 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:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-12-99

352-567-5618

Date

Daytime Phone #

CR2E037 (11/98)