

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
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90174 009 ****61.25

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1. Corporation Name

**KIWANIS CLUB OF SAINT ANDREW, PANAMA CITY, FLORI
DA, INC.**

Principal Place of Business
**2336 INDUSTRIAL DRIVE
PANAMA CITY FL 32405**

Mailing Address
**2336 INDUSTRIAL DRIVE
PANAMA CITY FL 32405**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/10/1995

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-6168935

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

24 Zip Country

28 Zip Country

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

**PATE, DANNY
2336 INDUSTRIAL DRIVE
PANAMA CITY FL 32405**

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 officer 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 **P** ☒ DELETE
NAME **HODGES, JEAN**
STREET ADDRESS **301 MAPLE ST**
CITY-ST-ZIP **PANAMA CITY FL 32401**

1.1 TITLE **P** ☐ Change ☒ Addition
1.2 NAME **RUDLOFF, STEVE**
1.3 STREET ADDRESS **2901 Fairmont Drive**
1.4 CITY-ST-ZIP **Panama City, Florida 32405**

TITLE **V** ☒ DELETE
NAME **RUDLOFF, STEVE**
STREET ADDRESS **2901 FAIRMONT DR**
CITY-ST-ZIP **PANAMA CITY FL 32405**

2.1 TITLE **V** ☐ Change ☒ Addition
2.2 NAME **PATE, DANNY**
2.3 STREET ADDRESS **2336 Industrial Drive**
2.4 CITY-ST-ZIP **Panama City, Florida 32405-6038**

TITLE **T** ☐ DELETE
NAME **RUSSELL, JOSEPH**
STREET ADDRESS **1717 ARTHUR AVENUE**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **S** ☐ DELETE
NAME **NASETH, HOWARD**
STREET ADDRESS **1107 BUENA VISTA**
CITY-ST-ZIP **PANAMA CITY FL**

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

TITLE **D** ☐ DELETE
NAME **KALATA, SANDI**
STREET ADDRESS **1535 E. HIGHWAY 390**
CITY-ST-ZIP **LYNN HAVEN FL**

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

TITLE **D** ☒ DELETE
NAME **ZIMPFER, KATIE**
STREET ADDRESS **2121 HARRISON AVE 8A**
CITY-ST-ZIP **PANAMA CITY FL 32405**

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **JONES, GRAHAM**
6.3 STREET ADDRESS **1301 Capri Drive**
6.4 CITY-ST-ZIP **Panama City, Florida 32405**

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

Date

Daytime Phone #

1-14-99 (850) 872-7075

CR2E037 (11/98)