

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED
Oct 01 1998 8:00am
Secretary of State

DOCUMENT # N97000001509 (5)

1. Corporation Name

KIWANIS COALITION OF UPPER PINELLAS, INC.



Principal Place of Business

Mailing Address

3438 EAST LAKE ROAD
SUITE 22
PALM HARBOR FL 34685

3438 EAST LAKE ROAD
SUITE 22
PALM HARBOR FL 34685

3. Date Incorporated or Qualified

03/18/1997

4. FEI Number

59-2466122

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

WOLLETT, FRANKLYN J ESQ
2790 SUNSET POINT ROAD
CLEARWATER FL 34619

81 Name

SAME

82

Street Address (P.O. Box Number is Not Acceptable)
1960 Dunbrody Ct.

83

84 City

Dunedin

FL

85

Zip Code
34698

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

Franklyn J. Wollett

Franklyn J. Wollett

9/9/98

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 | DELETE |
|-------|------------------------|------------------------|----------------------|--------------------------|
| PTD | NOLAN, JAMES M SR | 3438 E LAKE RD, STE 22 | PALM HARBOR FL 34685 | <input type="checkbox"/> |
| SD | WOLLETT, FRANKLYN J | 1960 DUNBRODY COURT | DUNEDIN FL 34698 | <input type="checkbox"/> |
| D | GRESHAM, DARREL R | 1960 DUNBRODY COURT | DUNEDIN FL 34698 | <input type="checkbox"/> |
| D | GIEBNER, RICHARD | 1611 IDLE DRIVE NE | CLEARWATER FL 34616 | <input type="checkbox"/> |
| D | PALMISANO, DANIEL A SR | 2246 WARWICK DRIVE | CLEARWATER FL 34623 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | <input type="checkbox"/> | <input type="checkbox"/> |

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.

SIGNATURE:

James M. Nolan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/9/98

Date

727-785-8887

Daytime Phone #

CR2E037 (5/98)