

N97000007223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

☐

WAIT

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MAIL

(Business Entity Name)

(Document Number)

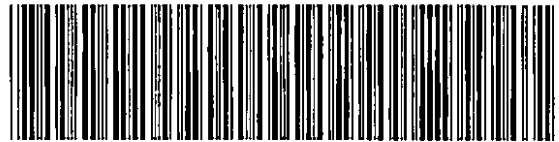
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STATE OF STATE  
OFFICE OF COMPTROLLER

AUG 29 2018

D CUSHING

COVER LETTER

TO: Amendment Section  
Division of Corporations

NAME OF CORPORATION: Kiwanis Club of Springtime City Foundation Inc  
DOCUMENT NUMBER: N 9700000 7223

The enclosed *Articles of Amendment* and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Claire T. Cousins

(Name of Contact Person)

Kiwanis Club of Springtime City

(Firm/ Company)

2691 Sabal Springs Circle L105

(Address)

Clearwater FL 33761

(City/ State and Zip Code)

Ct Cousins@aol.com

E-mail address: (to be used for future annual report notification)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 APR 23 PM 2:57

For further information concerning this matter, please call:

Claire T. Cousins

(Name of Contact Person)

at 727-791-6413 or 727-  
(Area Code) (Daytime Telephone Number)

637-  
2149

Enclosed is a check for the following amount made payable to the Florida Department of State:

- ☒ \$35 Filing Fee    ☐ \$43.75 Filing Fee & Certificate of Status    ☐ \$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)    ☐ \$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is Enclosed)

Mailing Address

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 20, 2018

CLAIRE T COUSINS  
KIWANIS CLUB OF SPRINGTIME CITY FOUNDATI  
PO BOX 6142  
CLEARWATER, FL 33758

SUBJECT: KIWANIS CLUB OF SPRINGTIME CITY FOUNDATION, INC.  
Ref. Number: N97000007223

We have received your document for KIWANIS CLUB OF SPRINGTIME CITY FOUNDATION, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Liability Company, but your entity is a Florida Non-Profit Corporation. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Diane Cushing  
Senior Section Administrator

Letter Number: 018A00014911

RECEIVED  
18 AUG 23 AM 11:17  
SECRETARY OF STATE  
TALLAHASSEE

Kiwanis Club of Springtime City Foundation Inc  
(Name of Corporation as currently filed with the Florida Dept. of State)

N 97 00000 7223

Page 1 of 4

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:

<input checked="" type="checkbox"/> Change	PT	John Doe
<input checked="" type="checkbox"/> Remove	V	Mike Jones
<input checked="" type="checkbox"/> Add	SV	Sally Smith

Type of Action (Check One)	Title	Name	Address
1) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		David Browder	305 S. Duncan Ave Clearwater FL 33755
2) <input type="checkbox"/> Change <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove		Dale Tindall	315 Los Pados Dr Safety Harbor FL 34695
3) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add <input type="checkbox"/> Remove	Past Pres	Nolan Allen	2226 Druid Rd Clearwater FL 33764
4) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Pres	Claire Cousins	2691 Sabal Springs Cir. L105 Clearwater FL 33761
5) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Pres Elec	Jason Adler	P.O. Box 1651 Oldsmar FL 34677
6) <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove	Treas.	Linda Serio	90 Avon Dr Safety Harbor FL 34695

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

The date of each amendment(s) adoption: May 17, 2018, if other than the date this document was signed.

Effective date if applicable: Oct. 1, 2018  
(no more than 90 days after amendment file date)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**Adoption of Amendment(s) (CHECK ONE)**

☒ The amendment(s) was/were adopted by the members and the number of votes cast for the amendment(s) was/were sufficient for approval.

☐ There are no members or members entitled to vote on the amendment(s). The amendment(s) was/were adopted by the board of directors.

Dated 8/13/18

Signature Claire T. Cousins  
(By the chairman or vice chairman of the board, president or other officer-if directors have not been selected, by an incorporator - if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)

Claire T Cousins  
(Typed or printed name of person signing)

President  
(Title of person signing)