2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2018
Secretary of State
CC7136125019

DOCUMENT# 722019

Entity Name: KIWANIS CLUB OF SOUTHSHORE, SUN CITY CENTER, FL, INC.

Current Principal Place of Business:

1358 EMERALD DUNES DR
SUN CITY CENTER, FL 33573

Current Mailing Address:

P.O. BOX 5753
SUN CITY CENTER, FL 33571 US

FEI Number: 23-7190587

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONTGOMERY, THOMAS H
1630 BENTWOOD DR
SUN CITY CENTER, FL 33573 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: THOMAS H. MONTGOMERY 04/15/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	MONTGOMERY, SUSAN
Address	1630 BENTWOOD DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	AMNAY, DREW
Address	6542 N US HIGHWAY 41
City-State-Zip:	APOLLO BEACH FL 33572

Title	SECRETARY
Name	MONTGOMERY, THOMAS H
Address	1630 BENTWOOD DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	ASST. TREASURER
Name	HALM, HELEN
Address	817 FREEDOM PLAZA CIRCLE #206
City-State-Zip:	SUN CITY CENTER FL 33573

Title	PRESIDENT ELECT
Name	COBURN, ANNAFE
Address	12013 CITRUS LEAF DR
City-State-Zip:	GIBSONTON FL 33534

Title	TREASURER
Name	GROVES, IDA F
Address	1358 EMERALD DUNES DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	BIBISI, GRACE
Address	2007 HALMROCK PL
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	HURLEY, BEVERLY
Address	635 ALLEGHENY DR
City-State-Zip:	SUN CITY CENTER FL 33573

Continues on page 2

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: IDA F GROVES TREASURER 04/15/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	CHURCHILL, CHIP
Address	819 FREEDOM PLAZA CIRCLE APT 306
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	PETREE, TONY
Address	921 SYMPHONY ISLES BLVD
City-State-Zip:	APOLLO BEACH FL 33572

Title	DIRECTOR
Name	BIBISI, RAY
Address	2007 HALMROCK PL
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	BAITY, MARVIN
Address	14244 ALLSTAR MANOR DR
City-State-Zip:	WIMAUMA FL 33598