2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2020
Secretary of State
7480079032CC

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:

GROVES, IDA F
1358 EMERALD DUNES 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: IDA F GROVES 01/13/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

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

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

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

Title	DIRECTOR, 2018-2021
Name	BROWN, VALESCA
Address	429 NOBLE FAIRE DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	PRESIDENT
Name	CRAIG, ELIZABETH
Address	1106 KINGFISH PL
City-State-Zip:	APOLLO BEACH FL 33572

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

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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 01/13/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR, 2020-2022
Name	BRADEN, THOMAS
Address	1426 LELAND DR
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR, 2020-2022
Name	PRZEKOP, KIM
Address	1822 MIRA LAGO CIR
City-State-Zip:	RUSKIN FL 33570