2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 13, 2017
Secretary of State
CC2583714423

DOCUMENT# 722019

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

Current Principal Place of Business:

1630 BENTWOOD 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: Yes

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 01/13/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT
Name	GROVES, FAYE
Address	1212 KNIGHTS GATE COURT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	FREDRICKS, KAREN
Address	302 NOBLE FAIRE DR
City-State-Zip:	SUN CITY CENTER FL 33573

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

Title	DIRECTOR
Name	HALL, MARLENE
Address	714 APOLLO BEACH BLVD
City-State-Zip:	APOLLO BEACH FL 33572

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

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

Title	DIRECTOR
Name	LESKO, CONNIE
Address	646 SUNDANCE TRAIL
City-State-Zip:	WIMAUMA FL 33598

Title	DIRECTOR
Name	PARKER, GARY
Address	16114 AMETHYST KEY DR
City-State-Zip:	WIMAUMA FL 33598

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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: THOMAS H. MONTGOMERY TREASURER 01/13/2017

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	PETREE, JUDALYN
Address	921 SYMPHONY ISLES BLVD
City-State-Zip:	APOLLO BEACH FL 33572