

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 768489

**Entity Name:** KIWANIS FOUNDATION OF CHARLOTTE COUNTY, INC.**Current Principal Place of Business:**1107 W. MARION AVE  
SUITE 115  
PUNTA GORDA, FL 33950**Current Mailing Address:**P. O. BOX 510273  
PUNTA GORDA, FL 33951 US**FEI Number:** 59-2379416**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WEBB, SANKEY E., III  
1107 W. MARION AVE  
SUITE 115  
PUNTA GORDA, FL 33950 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	DESGUIN, FRANK
Address	426 TAYLOR STREET #4
City-State-Zip:	PUNTA GORDA FL 33950

Title	DIRECTOR
Name	KLOSSNER, WILLIAM
Address	405 SCARLET SAGE
City-State-Zip:	PUNTA GORDA FL 33955

Title	DIRECTOR
Name	WEBB, III, SANKEY E
Address	1107 W. MARION AVE. SUITE 115
City-State-Zip:	PUNTA GORDA FL 33950

Title	TREASURER
Name	DEYOUNG, ERIC
Address	13150 SW PEMBROKE CIR N
City-State-Zip:	LAKE SUZY FL 34269

Title	SECRETARY
Name	HURLEY, LARRY
Address	1412 WALBERG STREET
City-State-Zip:	NORTH PORT FL 34288

Title	DIRECTOR
Name	GERACE, CARL
Address	700 JARVIS ST
City-State-Zip:	PORT CHARLOTTE FL 33948

*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:** ERIC DEYOUNG**TREASURER****01/08/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date