

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000009818

**Entity Name:** KIWANIS CLUB OF THE ADVENTURE COAST, INC.

**Current Principal Place of Business:**

7211 HIAWATHA PARKWAY  
SPRING HILL, FL 34606

**Current Mailing Address:**

P.O. BOX 15564  
BROOKSVILLE, FL 34604 US

**FEI Number:** 47-5266567

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CAMPBELL & COMPANY, CPAS, PA  
7211 HIAWATHA PARKWAY  
SPRING HILL, FL 34606 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:** JAMES M. WILHELM

02/08/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title V  
Name WILSON, STEVE  
Address 2391 GODFREY AVENUE  
City-State-Zip: SPRING HILL FL 34609

Title SECRETARY  
Name RESO, BEVERLY  
Address C/O ACKLEY DENTAL  
1530 PINEHURST DRIVE  
City-State-Zip: SPRING HILL FL 34606

Title T  
Name OIJ, RENEE  
Address P.O. BOX 15564  
City-State-Zip: BROOKSVILLE FL 34604

Title VP  
Name WATSON, SOPHIA  
Address C/O HERNANDO COUNTY SCHOOLS  
801 . BROAD STREET  
City-State-Zip: BROOKSVILLE FL 34601

*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:** RENEE L. OIJ

**TREASURER**

02/08/2018

Electronic Signature of Signing Officer/Director Detail

Date