

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 714317 (5)**

1. Corporation Name  
**KIWANIS CLUB OF LEESBURG, FLORIDA, INC.**



Principal Place of Business Mailing Address  
**1009 COTTONWOOD ST  
PO BOX 1107  
LEESBURG FL 34748**

3. Date Incorporated or Qualified **03/26/1968** 3a. Date of Last Report **04/07/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-6168922</b>		Applied For Not Applicable	
21		26		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
22		27		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
City & State		City & State					
23		28					
Zip	Country	Zip	Country				
24		29					

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WALKER, JAMES M  
1009 COTTONWOOD ST  
LEESBURG FL 34748**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, JAMES M</b>	1.2 NAME	
STREET ADDRESS	<b>1009 COTTONWOOD ST</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD COYNE, RICHARD T. J</b>	2.2 NAME	
STREET ADDRESS	<b>9105 SILVER LAKE DR</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T WILLIAMS, DENZYL</b>	3.2 NAME	
STREET ADDRESS	<b>28041 OAKMOUNT DR</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<b>PPD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MLL, ROBERT L.</b>	4.2 NAME	
STREET ADDRESS	<b>1102 N. TUSKEGEE ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>VD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>PPB GENTRY, RONALD W.</b>	5.2 NAME	<b>COX, BENJAMIN J.</b>
STREET ADDRESS	<b>40325 GRAYS AIRPORT ROAD</b>	5.3 STREET ADDRESS	<b>1011 N. LAKESHORE BLVD.,</b>
CITY-ST-ZIP	<b>LADY LAKE FL</b>	5.4 CITY-ST-ZIP	<b>HOWEY, FL 34737</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD HACKNEY, HARRY T</b>	6.2 NAME	
STREET ADDRESS	<b>1009 N 14TH STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James M. Walker* **James M. Walker** 2/8/96 352-787-2395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Secretary Date Daytime Phone #

CR2E037 (12/95)

KIWANIS CLUB OF LEESBURG, FLORIDA  
ADDITIONAL DIRECTORS

D  
COULSON, MYRNA L.  
604 PATRICIA AVE.  
FRUITLAND PARK, FL 34731

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JOHNSON, JOHN L.  
1070 TUSKEGEE ST.,  
LEESBURG, FL 34748

D  
STALLMAN, MICHAEL D.  
107 PERKINS ST.,  
LEESBURG, FL 34748

D  
ALLEY, H. JERRY  
2081 LAKE TODD COURT,  
APOPKA, FL 32712

D  
BAIR, VICKI S.  
4223 BAIR AVE,  
FRUITLAND PARK, FL 34731

D  
CARDINAL, JOSEPH J.  
33342 LAKE BEND CIRCLE,  
LEESBURG, FL 34788

D  
HENDRICKSON, D. JOE  
142 NORTH LAKE DRIVE,  
LEESBURG, FL 34788