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Mar 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra BrMortham Secretary of State * DIVISION OF CORPORATIONS
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DOCUMENT # 714317 (5)

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



Principal Place of Business 1009 COTTONWOOD ST PO BOX 1107 LEESBURG FL 34748	Mailing Address 1009 COTTONWOOD ST PO BOX 1107 LEESBURG FL 34748-4340
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3. Date Incorporated or Qualified 03/26/1968	3a. Date of Last Report 02/14/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-6168922	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

FL

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	S	
NAME	WALKER, JAMES M	
STREET ADDRESS	1009 COTTONWOOD ST	
CITY-ST-ZIP	LEESBURG FL 34748	
TITLE	COYNE, RICHARD T. J	<input type="checkbox"/> DELETE
NAME	9105 SILVER LAKE DR	
STREET ADDRESS	LEESBURG FL	
CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE
NAME	WILLIAMS, DENZYL	
STREET ADDRESS	28041 OAKMOUNT DR	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, ROBERT L.	
STREET ADDRESS	1100 N. TUCKER ST.	
CITY-ST-ZIP	LEESBURG FL	
TITLE	PPD	<input checked="" type="checkbox"/> DELETE
NAME	COX, BENJAMIN J.	
STREET ADDRESS	1014 N. LAKE SHORE BLVD.,	
CITY-ST-ZIP	LEESBURG FL	
TITLE	HACKNEY, HARRY T	<input type="checkbox"/> DELETE
NAME	1009 N 14TH STREET	
STREET ADDRESS	LEESBURG FL	
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	D		
1.2 NAME	NEWETT, ARTHUR N.		
1.3 STREET ADDRESS	761 FROG LOG LAKE		
1.4 CITY-ST-ZIP	LEESBURG, FL 34748		
2.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	HUX, MARSHALL H.		
2.3 STREET ADDRESS	1009 NORTH SHORE DRIVE,		
2.4 CITY-ST-ZIP	LEESBURG, FL 34748		
3.1 TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
3.2 NAME	BRITTS, ROGER N.		
3.3 STREET ADDRESS	800 LAKE PORT BLVD.		
3.4 CITY-ST-ZIP	LEESBURG, FL 34748		
4.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
4.2 NAME	COULSON, MYRNA L.		
4.3 STREET ADDRESS	604 PATRICIA AVE.,		
4.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731		
5.1 TITLE	VP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
5.2 NAME	NAPPER, JAMES W.		
5.3 STREET ADDRESS	230 FROSTI WAY,		
5.4 CITY-ST-ZIP	EUSTIS, FL 32726		
6.1 TITLE	PPD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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** **2/18/97** **352-787-2395**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070163

CR2E037 (9/96)

----- ADDITIONAL DIRECTORS -----

----- AND OFFICERS -----

D
EWING, E. KEITH
1207 S. 9TH. ST.,
LEESBURG, FL 34748

D
D. JOE HENDRICKSON
821 LAKE PORT BLVD., S-202,
LEESBURG, FL 34748

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

D
STALLMAN, MICHAEL L.
100 E. WOODWARD ST.,
LEESBURG, FL 34748

~~DRITTS, ROGER N.
600 LAKE PORT BLVD.,
LEESBURG, FL 34748~~

~~HENNETT, FRANKLIN
7017 PRUSS BROS LANE,
LEESBURG, FL 34748~~

~~WALK, FURSHADE H.
2809 NORTH SHORE DRIVE,
LEESBURG, FL 34748~~

P
COYNE, RICHARD T., JR.
9105 SILVER LAKE DRIVE,
LEESBURG, FL 34788

S
WALKER, JAMES M.
1009 COTTONWOOD ST.,
LEESBURG, FL 34748

T
WILLIAMS, DENZYL
26041 OAKMOUNT DRIVE,
LEESBURG, FL 34748