


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90081 019 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>			FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 714317</b>			1. Corporation Name <b>KWANIS CLUB OF LEESBURG, FLORIDA, INC.</b>	
Principal Place of Business 1009 COTTONWOOD ST PO BOX 1107 LEESBURG FL 34748		Mailing Address PO BOX 491107 LEESBURG FL 34749-1107 US		

\* 2 4 8 2 4 2 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		03/26/1968	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-6168922	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

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			
				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: James M Walker DATE: 2/4/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	S	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WALKER, JAMES M			1.2 NAME	Gatlin, Ervin G.		
STREET ADDRESS	1009 COTTONWOOD ST			1.3 STREET ADDRESS	799 Miller St.,		
CITY-ST-ZIP	LEESBURG FL 34748			1.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	PPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	PE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	COYNE, RICHARD T. J			2.2 NAME	Souliere, Claire Y.		
STREET ADDRESS	9105 SILVER LAKE DR			2.3 STREET ADDRESS	30245 Harris Drive,		
CITY-ST-ZIP	LEESBURG FL			2.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	WILLIAMS, DENZYL			3.2 NAME	Hall, Ouida J.		
STREET ADDRESS	26041 OAKMOUNT DR			3.3 STREET ADDRESS	1000 Sumter St.,		
CITY-ST-ZIP	LEESBURG FL			3.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	NEWETT, ARTHUR N.			4.2 NAME	Hargrove, Jack H.		
STREET ADDRESS	7617 FROG LOG LANE			4.3 STREET ADDRESS	702 W. Lincoln Ave.,		
CITY-ST-ZIP	LEESBURG FL			4.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HUX, MARSHALL H.			5.2 NAME	Stallman, Michael S.		
STREET ADDRESS	1009 NORTH SHORE DRIVE			5.3 STREET ADDRESS	100 E. Woodward St.,		
CITY-ST-ZIP	HOWEY FL			5.4 CITY-ST-ZIP	Leesburg, FL 34748		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	Vedder, Ronald E.		
STREET ADDRESS				6.3 STREET ADDRESS	26913 Forest Hills,		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	Leesburg, FL 34748		

14. I 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, with all other like empowered.

SIGNATURE: James M Walker DATE: 2/4/99 352-787-2395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)

240042-70001-14  
174317

ADDITIONAL OFFICERS AND DIRECTORS

T

Lynn, Susan C.  
311 Woodland Trail,  
Lady Lake, FL 32159

PP

Coulson, Myrna L.  
604 Patricia Ave.,  
Fruitland Park, FL 34731

D

Gibbs, M. McCoy  
411 Oak Hammock Lane,  
Leesburg, FL 34748

D

Hendrickson, D. Joe  
821 Lake Port Blvd., S-202,  
Leesburg, FL 34748

D

Lane, Barry L.  
1207 S. Ninth St.,  
Leesburg, FL 34748

D

Craig, George O.  
8973 Silver Lake Drive,  
Leesburg, FL 34788