



**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 11, 2006 8:00 am**  
**Secretary of State**

04-11-2006 90105 018 \*\*\*\*61.25

<b>DOCUMENT # 714317</b>					
1. Entity Name KIWANIS CLUB OF LEESBURG, FLORIDA, INC.					
Principal Place of Business 5634 AUSTIN ST. LEESBURG, FL 34748-8001			Mailing Address PO BOX 491107 LEESBURG, FL 34749-1107 US		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
WALKER, JAMES M 5634 AUSTIN ST. LEESBURG, FL 34748-8001				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES M			NAME	
STREET ADDRESS	5634 AUSTIN ST			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 347488001			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLT, MICHAEL C			NAME	
STREET ADDRESS	2272 LAKE POINTE CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAKER, CHARLES B			NAME	
STREET ADDRESS	404 S 12TH ST			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, SHIRLEY			NAME	
STREET ADDRESS	414 RANCHWOOD DR.			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUNNE, JOSEPH J			NAME	
STREET ADDRESS	414 RANCH WOOD DRIVE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRILL, JOHN T			NAME	
STREET ADDRESS	3934 RUVRCREST CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	LEESBURG, FL 34748			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE 		James M. Walker		4/6/06 352-781-2395	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Secretary		Date Daytime Phone #	

ATTACHMENT

20028233

#714317

Additional Officers and Directors  
President - Elect

Stallman, Michael L.  
100 E. Woodward St.,  
Leesburg, FL 34748

Vice-President.

Gibbs, m McCoy  
411 Oak Hammock Lane,  
Leesburg, FL 34748

Treasurer -

Lamoreaux, Mary S.  
201 Lean St.,  
TAVARES, FL 32778

Director -

Roberts, Kathleen  
6209 Richland Ave,  
Leesburg, FL 34748

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Director -

Kelley, James

334 GRAND VISTA TRAIL,

Leesburg, FL 34748

Director.

Lloyd, Charles T.

530 Essex Ave.,

MT. DORA, FL 32757-9505

Director -

KUNZ, George

415 OAK Hammock Lane,

Leesburg, FL 34748

Director -

BURNIS, Rev. Karen

1005 W. MAIN ST.,

Leesburg, FL 34748

Director -

Miller, Dale E.

1521 N. LAKEVIEW AVE.,

Leesburg, FL 34748