

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N23188 (8)**  
1. Corporation Name  
**THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC.**



Principal Place of Business: **1009 COTTONWOOD ST PO BOX 208 LEESBURG FL 34748-4340**  
Mailing Address: **1009 COTTONWOOD ST PO BOX 208 LEESBURG FL 34748-4340**

3. Date Incorporated or Qualified: **10/27/1987**  
3a. Date of Last Report: **04/27/1995**  
4. FEI Number: **59-2858416**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
**TAYLOR, LAWRENCE E.  
HOWELL, TAYLOR AND DUGGAN, P.A.  
1029 WEST MAGNOLIA STREET  
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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	<b>S</b> <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</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, LAWRENCE E.</b>	2.2 NAME	
STREET ADDRESS	<b>1029 W. MAGNOLIA ST.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COYNE, RICHARD T JR</b>	3.2 NAME	
STREET ADDRESS	<b>8105 SILVER LAKE DR.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WILLIAMS, DENZYL I.</b>	4.2 NAME	
STREET ADDRESS	<b>26041 OAKMOUNT DR.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, ROBERT L.</b>	5.2 NAME	
STREET ADDRESS	<b>1102 N. TUSKEGEE STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LEESBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>CENTRY, RONALD W</del>	6.2 NAME	<b>VD</b>
STREET ADDRESS	<del>10005 GRAY AIRPORT RD</del>	6.3 STREET ADDRESS	<b>COX, BENJAMIN J.</b>
CITY-ST-ZIP	<del>LEESBURG FL</del>	6.4 CITY-ST-ZIP	<b>1011 N. LAKESHORE BLVD., HOWEY, FL 34737</b>

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 352-787-2395  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date District Phone #

CR2E037 (12/95)

N23188

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KIWANIS CLUB OF LEESBURG FOUNDATION, INC.  
ADDITIONAL OFFICERS AND DIRECTORS

P  
HACKNEY, HARRY T.  
1009 N 14TH STREET,  
LEESBURG, FL 34748

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

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

D  
STALLMAN, MICHAEL D.  
107 PERKINS STREET,  
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