


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N23188 (8)**
1. Corporation Name
THE KWANIS 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 03/22/1996
4. FEI Number 59-2858416	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	

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt #, etc.	26. Suite, Apt #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

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	FL
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 checked="" type="checkbox"/> Addition
NAME	S WALKER, JAMES M.	1.2 NAME	D NEWETT, ARTHUR N.
STREET ADDRESS	1009 COTTONWOOD ST.	1.3 STREET ADDRESS	7617 FROG LOG LANE,
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	D TAYLOR, LAWRENCE E.	2.2 NAME	D HUX, MARSHALL H.
STREET ADDRESS	1029 W. MAGNOLIA ST.	2.3 STREET ADDRESS	1009 NORTH SHORE DRIVE,
CITY-ST-ZIP	LEESBURG FL	2.4 CITY-ST-ZIP	LEESBURG, FL 34748
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COYNE, RICHARD T JR	3.2 NAME	
STREET ADDRESS	8105 SILVER LAKE DR.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34788	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T WILLIAMS, DENZYL I.	4.2 NAME	
STREET ADDRESS	28041 OAKMOUNT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEESBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ROBERT L.	5.2 NAME	VP COULSON, MYRNA L.
STREET ADDRESS	1402 W. TUCKER STREET	5.3 STREET ADDRESS	604 PATRICIA AVE.,
CITY-ST-ZIP	LEESBURG FL	5.4 CITY-ST-ZIP	FRUITLAND PARK, FL 34731
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COX, BENJAMIN W.	6.2 NAME	VP NAPPER, JAMES W.
STREET ADDRESS	1011 W. LINDSEY BLVD.	6.3 STREET ADDRESS	230 FROSTI WAY,
CITY-ST-ZIP	HOWEY FL	6.4 CITY-ST-ZIP	EUSTIS, FL 32726

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 2/18/97 352-787-2395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0070186

CR2E037 (9/96)

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

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

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

D
BRITTS, ROGER N.
800 LAKE PORT BLVD.,
LEESBURG, FL 34748

~~NEWETT, ARTHUR N.
4617 FROG LOG LANE,
LEESBURG, FL 34748~~

~~HUM, MARSHALL W.
1009 NORTH SHORE DRIVE,
LEESBURG, FL 34748~~