

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23188 (8)
 1. Corporation Name
THE KIWANIS CLUB OF LEEBSBURG FOUNDATION, INC.



Principal Place of Business 1009 COTTONWOOD ST PO BOX 208 LEEBSBURG FL 34748-4340	Mailing Address 1009 COTTONWOOD ST PO BOX 208 LEEBSBURG FL 34748-4340
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3. Date Incorporated or Qualified 10/27/1987	Applied For Not Applicable
4. FEI Number 59-2858416	

2. Principal Place of Business 21	2a. Mailing Address 26 P.O. Box 490208
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State Leesburg, FL
Zip 24	Country 25
	Zip 34748-0208
	Country 30

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**TAYLOR, LAWRENCE E.
 HOWELL, TAYLOR AND DUGGAN, P.A.
 1029 WEST MAGNOLIA STREET
 LEEBSBURG 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	S <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALKER, JAMES M.	1.2 NAME	
STREET ADDRESS	1009 COTTONWOOD ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	LEEBSBURG FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, LAWRENCE E.	2.2 NAME	
STREET ADDRESS	1029 W. MAGNOLIA ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEEBSBURG FL	2.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	PPD <input 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	LEEBSBURG FL	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, DENZYL I.	4.2 NAME	
STREET ADDRESS	26041 OAKMOUNT DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEEBSBURG FL 34748	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWETT, ARTHUR N.	5.2 NAME	
STREET ADDRESS	7617 FROG LOG LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LEEBSBURG FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUX, MARSHALL H.	6.2 NAME	
STREET ADDRESS	1009 NORTH SHORE DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEEBSBURG FL	6.4 CITY-ST-ZIP	

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.

SIGNATURE *James M. Walker* SIGNATURE REQUIRED *James M. Walker* **1/28/98** **352-781-2395**

CR2E087 (10/97)

ADDITIONAL OFFICERS AND DIRECTORS

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

PE
Gatlin, G. Ervin
709 Miller St.,
Leesburg, FL 34748

VP
Souliere, Claire Y.
30245 Harris Drive,
Leesburg, FL 34748

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

D
Gibbs, M. McCoy
411 Oak Hammack Lane,
Leesburg, FL 34748

D
Lane, Barry W.
1207 S. Ninth St.,
Leesburg, FL 34748

D
Britts, Roger N.
800 Lake Port Blvd., # H-403,
Leesburg, FL 34748

D
Minich, Michael
5315 Twin Palm Road,
Fruitland Park, FL 34731

NOTE:

PP - Past President
PE - President Elect