

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90147 040 \*\*\*\*61.25

**DOCUMENT # N23188**



1. Entity Name  
**THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC.**

Principal Place of Business  
**1009 COTTONWOOD ST  
LEESBURG FL 34748-4340**

Mailing Address  
**POBOX 491107  
LEESBURG FL 34749-1107  
US**

**80016461**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number <b>59-2858416</b>		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>TAYLOR, LAWRENCE E. HOWELL, TAYLOR AND DUGGAN, P.A. 1029 WEST MAGNOLIA STREET LEESBURG FL 34748</b>				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City			
				FL		Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25</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	<b>S</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALKER, JAMES M.</b>		NAME		
STREET ADDRESS	<b>1009 COTTONWOOD ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TAYLOR, LAWRENCE E.</b>		NAME		
STREET ADDRESS	<b>1029 W. MAGNOLIA ST.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL</b>		CITY-ST-ZIP		
TITLE	<b>P</b>	<input type="checkbox"/> Delete	TITLE	<b>PAST President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HOLT, MICHAEL C.</b>		NAME		
STREET ADDRESS	<b>2272 LAKE POINTE CIRCLE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNNE, SHIRLEY</b>		NAME		
STREET ADDRESS	<b>414 RANCH WOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RUCKER, H W</b>		NAME		
STREET ADDRESS	<b>9565 SILVER LAKE DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34788</b>		CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Delete	TITLE	<b>President Elect</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DUNNE, JOSEPH J</b>		NAME		
STREET ADDRESS	<b>414 RANCH WOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>LEESBURG FL 34748</b>		CITY-ST-ZIP		

12. 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 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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **11/27/03 352-781-2395**

CR2E037 (10/02)

*Attachment*

ADDITIONAL OFFICERS AND DIRECTORS

*# N23188*

James W. Napper 1010 Bristol Lakes Road, #104, Mt. Dora, FL 32756	President
Milton M. Hosack 821 Lake Port Blvd., # G-301, Leesburg, FL 34748	Treasurer
Arthur W. Newett, Jr. 5600 Let Court, Leesburg, FL 34748	Vice-President
Barbara J. Garrett 637 Oak Terrace Drive, Leesburg, FL 34748	Director
William D. O'Dell 21936 King Henry Ave., Leesburg, FL 34748	Director
Kathleen Roberts 6209 Richland Ave., Leesburg, FL 34748	Director
Susan C. Lynn 228 Oakhill Road, Lady Lake, FL 32159	Director
Michael L. Stallman 100 E. Woodward Ave., Leesburg, FL 34748	Director
Wilbur Foster 107 Timber Lane, Yalaha, FL 34797	Director
Roger N. Britts, Sr. 800 Lake Port Blvd., # H-403, Leesburg, FL 34748-5618	Director

*80016461*