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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -1 PM 12:15

DOCUMENT # N49772 (9)

1. Corporation Name
FORT MYERS KIWANIS CLUB, INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| POST OFFICE BOX 1490<br>FORT MYERS FL 33902 | POST OFFICE BOX 1490<br>FORT MYERS FL 33902 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/09/1992
3a. Date of Last Report: 08/01/1994
4. FEI Number: 59-6134241 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 The Kiwanis House | 26 |
| Suite, Apt. #, etc.<br>22 1630 Woodford ave. | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 Ft. Myers, FL | City & State<br>28 |
| Zip<br>24 33901 Country 25 Lee | Zip 29 Country 30 |

9. Name and Address of Current Registered Agent

LANGGUTH, GEORGE
5545 BENCHMARK LANE
SANFORD FL 32773-8116

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 1.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | KENSINGER, KENNETH R | 1.2 NAME | Rentfrow, Robert D. | |
| STREET ADDRESS | 1036 BAYSHORE AVE. | 1.3 STREET ADDRESS | 421 monroe ave. | |
| CITY-ST-ZIP | FORT MYERS FL 33919 | 1.4 CITY-ST-ZIP | Lehigh Acres, FL 33936 | |
| TITLE | VPD | 2.1 TITLE | VPD | ☒ Change ☐ Addition |
| NAME | RENTFROW, ROBERT D | 2.2 NAME | Gaylor, Philip M. | |
| STREET ADDRESS | 421 MONROE AVENUE | 2.3 STREET ADDRESS | 3943 Roosevelt ave. | |
| CITY-ST-ZIP | LEHIGH ACRES FL 33936 | 2.4 CITY-ST-ZIP | Ft. Myers, FL 33901 | |
| TITLE | SD | 3.1 TITLE | | ☐ Change ☐ Addition |
| NAME | RICHARDSON, ROBERT C | 3.2 NAME | | |
| STREET ADDRESS | 1342 COLONIAL BLVD. | 3.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33907 | 3.4 CITY-ST-ZIP | | |
| TITLE | TD | 4.1 TITLE | | ☐ Change ☐ Addition |
| NAME | LONGMAN, ALVIN C | 4.2 NAME | | |
| STREET ADDRESS | 2665 MCGREGOR BLVD. | 4.3 STREET ADDRESS | | |
| CITY-ST-ZIP | FORT MYERS FL 33901 | 4.4 CITY-ST-ZIP | | |
| TITLE | | 5.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 5.2 NAME | | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | | |
| TITLE | | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | | |

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: Alvin C. Longman 1-25-95 (813) 936-4621
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALVIN C. LONGMAN

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