
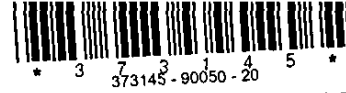


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Apr 12, 1999 8:00 am
Secretary of State

04-12-1999 90003 050 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N49772 1. Corporation Name FORT MYERS KWANIS CLUB, INCORPORATED					
Principal Place of Business THE KWANIS HOUSE 1630 WOODFORD AVE. FT. MYERS FL 33901 US			Mailing Address POST OFFICE BOX 1498 FORT MYERS FL 33902		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		07/09/1992	
22 City & State		27 City & State		4. FEI Number	
23 Zip		29 Zip		59-6134241	
24 Country		30 Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
LANGGUTH, GEORGE 5545 BENCHMARK LANE SANFORD FL 32773-8116				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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	President
NAME	BRADLEY, BRIAN K	1.2 NAME	Engvalson, Kinley J.
STREET ADDRESS	1584 CUMBERLAND CT	1.3 STREET ADDRESS	39 Georgetown
CITY-ST-ZIP	FT. MYERS FL 33919	1.4 CITY-ST-ZIP	St. Myers, FL 33919
TITLE	VPD	2.1 TITLE	Vice President
NAME	ENGVALSON, KINLEY I	2.2 NAME	Vance, Bradley S.
STREET ADDRESS	39 GEORGETOWN	2.3 STREET ADDRESS	26470 Bay Road
CITY-ST-ZIP	FT MYERS FL 33919	2.4 CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	SD	3.1 TITLE	Secretary
NAME	RICHARDSON, ROBERT C	3.2 NAME	Andrews, Jeffrey L
STREET ADDRESS	1207 CANTERBURY DRIVE	3.3 STREET ADDRESS	1207 SW 53rd St
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	Cape Coral, FL 33914
TITLE	TD	4.1 TITLE	D
NAME	LONGMAN, ALVIN C	4.2 NAME	Edenfield, Ronald M.
STREET ADDRESS	2665 MCGREGOR BLVD.	4.3 STREET ADDRESS	7381 Monarch Ln.
CITY-ST-ZIP	FORT MYERS FL 33901	4.4 CITY-ST-ZIP	St. Myers, FL 33912
TITLE		5.1 TITLE	D
NAME		5.2 NAME	Randolph, Michael D
STREET ADDRESS		5.3 STREET ADDRESS	11670 Timberline Cir.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	St. Myers, FL 33912
TITLE		6.1 TITLE	D
NAME		6.2 NAME	Underberg, Robert
STREET ADDRESS		6.3 STREET ADDRESS	1406 Sandra Dr.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	St. Myers, FL 33901

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1907(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, with all other like empowered.

SIGNATURE: *Alvin C. Longman* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-99 (941) 936-4621

4-21-99

CRZE037-14198