

# 2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49772

FILED  
Oct 27, 2005  
Secretary of State

**Entity Name:** FORT MYERS KIWANIS CLUB, INCORPORATED

**Current Principal Place of Business:**

THE KIWANIS HOUSE  
1630 WOODFORD AVE.  
FT. MYERS, FL 33901 US

**New Principal Place of Business:**

**Current Mailing Address:**

POST OFFICE BOX 1498  
FORT MYERS, FL 33902

**New Mailing Address:**

FEI Number: 59-6134241      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

LANGGUTH, GEORGE  
5545 BENCHMARK LANE  
SANFORD, FL 327738116 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: GEORGE LANGGUTH

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: COTE, RICK  
Address: 3461 POINTE CREEK CT #300  
City-St-Zip: BONITA SPRINGS, FL 34134

Title: T ( ) Delete  
Name: MAYE, JEAN  
Address: 702 PAMELA DR  
City-St-Zip: PUNTA GORDA, FL 33950

Title: S ( ) Delete  
Name: ANDREWS, JEFFREY L  
Address: 1207 SW 53RD ST  
City-St-Zip: CAPE CORAL, FL 33914

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: SHIRK, MACHELLE  
Address: 501 SE 21ST TERR  
City-St-Zip: CAPE CORAL, FL 33990

Title: T (X) Change ( ) Addition  
Name: MCNEILL-DESPOT, MICHELE  
Address: 6490 MAYTREE CIRCLE  
City-St-Zip: FORT MYERS, FL 33905

Title: S (X) Change ( ) Addition  
Name: SEGEL, BARBARA L  
Address: 2049 MARAVILLA CIRCLE  
City-St-Zip: FORT MYERS, FL 33901

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MACHELLE SHIRK

P

10/27/2005

Electronic Signature of Signing Officer or Director

Date