## 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 714317** 

Entity Name: KIWANIS CLUB OF LEESBURG, FLORIDA, INC.

**FILED** Feb 07, 2024 **Secretary of State** 0355331918CC

## **Current Principal Place of Business:**

113 LAKESHORE DRIVE LEESBURG, FL 34748

## **Current Mailing Address:**

PO BOX 491107

LEESBURG, FL 34749 US

FEI Number: 59-6168922 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

OHNSTAD, DAVID 113 LAKESHORE DRIVE LEESBURG, FL 34748 US

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: DAVID OHNSTAD 02/07/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title **SECRETARY** Title **PRESIDENT** 

**DUNNE, SHIRLEY** Name Name ANDERSON, PHYLLIS

P O BOX 491107 Address P O BOX 491107 Address

City-State-Zip: LEESBURG FL 34749 City-State-Zip: LEESBURG FL 34749

Title **TREASURER** Title DIRECTOR Name OHNSTAD, DAVID Name WINNER, CHARYL

Address P O BOX 491107 Address P O BOX 491107

LEESBURG FL 34749 City-State-Zip: City-State-Zip: LEESBURG FL 34749

Title DIRECTOR PRESIDENT ELECT Title

Name STEPHENS, BILL GAYLORD, SHIRLEY Name Address P O BOX 491107

P O BOX 491107 Address

City-State-Zip: LEESBURG FL 34749 City-State-Zip: LEESBURG FL 34749

Title DIRECTOR BAKER, CONNIE Name Address P O BOX 491107

City-State-Zip: LEESBURG FL 34749

I hereby 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 all other like empowered.

02/07/2024 SIGNATURE: DAVID OHNSTAD TREASURER