

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90264 022 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # 714317</b><br>1. Entity Name<br><b>KIWANIS CLUB OF LEESBURG, FLORIDA, INC.</b>   |  |   |  |   |  |
| Principal Place of Business<br><b>5634 AUSTIN ST.<br/>LEESBURG, FL 34748-8001</b>  |  |   | Mailing Address<br><b>PO BOX 491107<br/>LEESBURG, FL 34749-1107 US</b>   |   |  |
| 2. Principal Place of Business - No P.O. Box #<br><b>4443 NOTTOWAY DR</b>  |  | 3. Mailing Address<br><b>P.O. Box 491107</b>  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State<br><b>LEESBURG FL</b>   |  | City & State<br><b>LEESBURG FL</b>  |  | 4. FEI Number<br><b>59-6168922</b>  |  |
| Zip<br><b>34748</b>  |  | Country<br><b>U.S.A.</b>  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>WALKER, JAMES M<br/>5634 AUSTIN ST.<br/>LEESBURG, FL 34748-8001</b>  |  |   | 7. Name and Address of New Registered Agent<br><br><div style="display: flex; justify-content: space-between;"> <div>           Name<br/>           Street Ad<br/>           City         </div> <div> <br/> <b>John W Chandler<br/>4443 Nottoway Dr<br/>Leesburg, FL 34748</b> </div> <div>           Zip Code<br/> <b>FL</b> </div> </div> |   |  |
| 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.  |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div>           SIGNATURE <br/> <small>Signature typed or printed name of registered agent and title if applicable.</small> </div> <div> <b>JOHN W. CHANDLER</b><br/> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div> <b>4.10.07</b><br/> <small>DATE</small> </div> </div>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2007</b>  |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>Make check payable to<br/>Florida Department of State</b> </div> </div>  |  |   |  |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>  |  |   | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>   |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S<br>WALKER, JAMES M<br>5634 AUSTIN ST<br>LEESBURG, FL 347488001       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | S John W Chandler<br>4443 Nottoway Dr<br>Leesburg, FL 34748                                     | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>HOLT, MICHAEL C<br>2272 LAKE POINTE CIRCLE<br>LEESBURG, FL 34748  | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D Mr. Charles T. Lloyd<br>530 Essex Avenue<br>Mount Dora FL. 32757                              | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>STALLAND, MICHAEL L<br>100 EAST WOODWARD ST<br>LEESBURG, FL 34748 | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P Mr. Michael L. Stallman<br>100 E. Woodward Street<br>Leesburg FL. 34749                       | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP<br>GIBBS, MCCOY M<br>411 OAK HAMMOCK LN<br>LEESBURG, FL 34748       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VP Mr. George Kunz<br>415 Oak Hammock Lane<br>Leesburg FL. 34748                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T<br>LAMOREAUX, MARY S<br>201 JEAN ST<br>TAVARES, FL 32778             | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | T Mr. Joseph Rudderow<br>3824 Arbordale Court<br>Leesburg FL. 34748                             | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | P<br>FERRILL, JOHN T<br>3934 RUVRCREST CIRCLE<br>LEESBURG, FL 34748    | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PE Rev. M. McCoy Gibbs<br>411 Oak Hammock Lane<br>Leesburg FL. 34748                            | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |  |   |  |
| <div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b> </div> <div> <b>JOHN W. CHANDLER</b><br/> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>4.10.07</b><br/> <small>Date</small> </div> <div> <br/> <small>Daytime Phone #</small> </div> </div>  |  |   |  |   |  |