
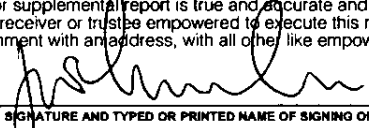


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90027 043 ****61.25

DOCUMENT # 714317 1. Entity Name KIWANIS CLUB OF LEESBURG, FLORIDA, INC.					
Principal Place of Business 4443 NOTTO WAY DR LEESBURG, FL 34748			Mailing Address PO BOX 491107 LEESBURG, FL 34749 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CHANDLER, JOHN W 4443 NOTTOWAY DR LEESBURG, FL 34748				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CHANDLER, JOHN W	NAME			
STREET ADDRESS	4443 NOTTOWAY DR	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 347489	CITY-ST-ZIP			
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LLOYD, MR. CHARLES T	NAME	Brown, Richard E.		
STREET ADDRESS	530 ESSEX AVENUE	STREET ADDRESS	P.O. Box 490750		
CITY-ST-ZIP	MOUNT DORA, FL 32757	CITY-ST-ZIP	Leesburg FL. 34749		
TITLE	P <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	STALLMAN, MR. MICHAEL L	NAME	Gibbs, M. McCoy		
STREET ADDRESS	100 E. WOODWARD STREET	STREET ADDRESS	411 Oak Hammock Lane		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg FL. 34748		
TITLE	VP <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KUNZ, MR. GEORGE	NAME	Ohnstad, David W.		
STREET ADDRESS	415 OAK HAMMOCK LANE	STREET ADDRESS	P.O. Box 490025		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg FL. 34749		
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RUDDEROW, MR. JOSEPH	NAME			
STREET ADDRESS	3824 ARBORDALE COURT	STREET ADDRESS			
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP			
TITLE	PE <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	GIBBS, REV. M. MCCOY	NAME	Kunz, George		
STREET ADDRESS	411 OAK HAMMOCK LANE	STREET ADDRESS	415 Oak Hammock Lane		
CITY-ST-ZIP	LEESBURG, FL 34748	CITY-ST-ZIP	Leesburg FL. 34748		
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.					
SIGNATURE:  JOHN W CHANDLER 2-2-08 352-365-1937 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					



02022008 Chg-NP CR2E037 (12/06)

4. FEI Number **59-6168922** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**