

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 714317

**FILED**  
**Feb 28, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

4443 NOTTOWAY DR  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 491107  
LEESBURG, FL 34749 US

**New Mailing Address:**

**FEI Number:** 59-6168922

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CHANDLER, JOHN W  
4443 NOTTOWAY DR  
LEESBURG, FL 34748 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: CHANDLER, JOHN W  
Address: 4443 NOTTOWAY DR  
City-St-Zip: LEESBURG, FL 34748

Title: PE  
Name: MILLER, ROBERT  
Address: 5341 FANTASY WAY  
City-St-Zip: LEESBURG, FL 34748

Title: P  
Name: MILLER, DALE E  
Address: 2242 AITKIN LOOP  
City-St-Zip: LEESBURG, FL 34748

Title: PP  
Name: OHNSTAD, DAVID W  
Address: P.O. BOX 490025  
City-St-Zip: LEESBURG, FL 34748

Title: T  
Name: OLDEN, MR. SIMON  
Address: 809 FOREST BREEZE PATH  
City-St-Zip: LEESBURG, FL 34749

Title: VP  
Name: OLDEN, PHYLLIS  
Address: 809 FOREST BREEZE PATH  
City-St-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.

SIGNATURE: JOHN W. CHANDLER

SEC

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date