2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#714317

Apr 26, 2012 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

4443 NOTTOWAY DR 32920 CROOKED OAKS LN LEESBURG, FL 34748 LEESBURG, FL 34748

Current Mailing Address: New Mailing Address:

PO BOX 491107

LEESBURG, FL 34749 US

FEI Number: 59-6168922 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CHANDLER, JOHN W GAYLORD, SHIRLEY A 4443 NOTTÓWAY DR 32920 CRÓOKED OAKS LN LEESBURG, FL 34748 US LEESBURG, FL 34748

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: SHIRLEY A GAYLORD 04/26/2012

> Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

GAYLORD, SHIRLEY A Name: Address: 32920 CROOKED OAKS LN City-St-Zip: LEESBURG, FL 34748 US

Title:

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

Title:

OLDEN, PHYLLIS Name: Address: 2242 AITKIN LOOP

City-St-Zip: 809 FOREST BREEZE PATH, FL 34748 US

Title:

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

Title:

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

Title:

OLDEN, PHYLLIS Name:

Address: 809 FOREST BREEZE PATH LEESBURG, FL 34749 US City-St-Zip:

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: SHIRLEY A GAYLORD S 04/26/2012