

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90116 015 ****61.25

DOCUMENT # 716541

1. Entity Name

KIWANIS CLUB OF FORT MYERS BEACH FLORIDA, INCORPORATED

Principal Place of Business

Mailing Address

P O BOX 2507
 FORT MYERS BEACH FL 33932

P O BOX 2507
 FORT MYERS BEACH FL 33932

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6211044

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WELTON, ROGER S.
4263 BAY BEACH LN, APT 114
FT. MYERS BEACH FL 33931

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	SD	<input type="checkbox"/> Delete
NAME	SOUTHWORTH, DEAN	
STREET ADDRESS	169 IBIS ST	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WELTON, ROGER S.	
STREET ADDRESS	4263 BAY BEACH LANE, #114	
CITY-ST-ZIP	FT. MYERS BEACH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROWE, MARTIN	
STREET ADDRESS	1465 EDGE WATER CIR.	
CITY-ST-ZIP	FT.MYERS BCH FL 33919	
TITLE	D	<input type="checkbox"/> Delete
NAME	SNAPP, THOMAS	
STREET ADDRESS	113 GULFVIEW AVE	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	D	<input type="checkbox"/> Delete
NAME	PETERSON, BRIAN	
STREET ADDRESS	280 NATURE WAY	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	V	<input type="checkbox"/> Delete
NAME	MEYERS, ED	
STREET ADDRESS	165 ANCHORAGE ST	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

ROGER S. WELTON 4/20/02 941-463-3192

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)