

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 03, 2003 8:00 am
Secretary of State

04-03-2003 90131 023 ****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

JUU70661



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business Suite, Apt. #, etc.

3. Mailing Address Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-6211044**

Applied For
Not Applicable

Zip Country

Zip Country

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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (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 Florida 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	D	<input checked="" type="checkbox"/> Delete
NAME	ROWE, MARTIN	
STREET ADDRESS	1465 EDGE WATER CIR.	
CITY-ST-ZIP	FT.MYERS BCH FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SNAPP, THOMAS	
STREET ADDRESS	113 GULFVIEW AVE	
CITY-ST-ZIP	FT MYERS BCH FL 33931	
TITLE	V	<input type="checkbox"/> Delete
NAME	PETERSON, BRIAN	
STREET ADDRESS	280 NATURE WAY	
CITY-ST-ZIP	FORT MYERS BEACH FL 33931	
TITLE	PD	<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 checked="" type="checkbox"/> Addition
NAME	STAMM, GREGORY	
STREET ADDRESS	22520 BUCCANEER - LOGOON	
CITY-ST-ZIP	FO MYERS BEACH, FL, 33931	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FAUBLE, VERNON	
STREET ADDRESS	71 KIOWA DR	
CITY-ST-ZIP	FO MYERS BEACH, FL, 33931	
TITLE	PD	<input checked="" 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		

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* 4/1/03 239-463-3192

CR2E037 (10/02)