

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716837 (0)

1. Corporation Name

KIWANIS CLUB OF LEHIGH ACRES, FLORIDA, INC.

Principal Place of Business

14 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 33936

Mailing Address

14 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 33936



3. Date Incorporated or Qualified

07/01/1969

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2526208

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TRUMAN, DOUGLAS C.
924 STRONGBOX LN
N. FT. MYERS FL 33917

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PP
NAME BAKER, WILLARD W.
STREET ADDRESS 609 NORTH AVENUE
CITY-ST-ZIP LEHIGH ACRES, FL 0 ☐ DELETE

1.1 TITLE D
1.2 NAME Baker, Willard W.
1.3 STREET ADDRESS 609 North Ave.
1.4 CITY-ST-ZIP Lehigh Acres, FL 33936 ☐ Change ☐ Addition

TITLE P
NAME GREGG, WILLIAM
STREET ADDRESS 1204 DUNDALE STREET
CITY-ST-ZIP LEHIGH ACRES FL ☐ DELETE

2.1 TITLE PP
2.2 NAME Gregg, William
2.3 STREET ADDRESS 1204 Dundale St.
2.4 CITY-ST-ZIP Lehigh Acres, FL 33936 ☐ Change ☐ Addition

TITLE D
NAME ANGLICKIS, RICHARD
STREET ADDRESS 643 GRANDVIEW DR
CITY-ST-ZIP LEHIGH ACRES, FL 00000 ☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE TD
NAME TRUMAN, DOUGLAS C.
STREET ADDRESS 924 STRONGBOX LN.
CITY-ST-ZIP N. FT. MYERS FL ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME SILAKOWSKI, DOROTHY
STREET ADDRESS 716 SHADYSIDE ST.
CITY-ST-ZIP LEHIGH ACRES, FL 00000 ☐ DELETE

5.1 TITLE P
5.2 NAME Silakowski, Dorothy
5.3 STREET ADDRESS 716 Shadyside St.
5.4 CITY-ST-ZIP Lehigh Acres, FL 33936 ☐ Change ☐ Addition

TITLE D
NAME COY, CHARLES
STREET ADDRESS 517 PARKSIDE AVE
CITY-ST-ZIP LEHIGH ACRES, FL 00000 ☐ DELETE

6.1 TITLE SD
6.2 NAME Brown, Robert
6.3 STREET ADDRESS 353 Richland Rd.
6.4 CITY-ST-ZIP Lehigh Acres, FL 33936 ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Douglas C. Truman
Douglas C. Truman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/96 941-995-1831
Date Daytime Phone

CR2E037 (12/95)