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FILED

May 22 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716837 (0)

1. Corporation Name

KIWANIS CLUB OF LEHIGH ACRES, FLORIDA, INC.

Principal Place of Business

Mailing Address

14 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 3393614 S HOMESTEAD ROAD
P.O. BOX 635
LEHIGH ACRES FL 33936-74213. Date Incorporated or Qualified
07/01/19693a. Date of Last Report
04/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2526208

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

TRUEMAN, 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 617.1506, 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 D ☐ DELETE
NAME BAKER, WILLARD W.
STREET ADDRESS 609 NORTH AVENUE
CITY-ST-ZIP LEHIGH ACRES, FL 01.1 TITLE P ☒ Change ☐ Addition
1.2 NAME Baker, Willard W.
1.3 STREET ADDRESS 609 North Ave
1.4 CITY-ST-ZIP Lehigh Acres, FLTITLE PP ☐ DELETE
NAME GREGG, WILLIAM
STREET ADDRESS 1204 DUNDAL STREET
CITY-ST-ZIP LEHIGH ACRES FL2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE D ☐ DELETE
NAME ANGLICKIS, RICHARD
STREET ADDRESS 643 GRANDVIEW DR
CITY-ST-ZIP LEHIGH ACRES, FL 000003.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE TD ☐ DELETE
NAME TRUEMAN, DOUGLAS C.
STREET ADDRESS 924 STRONGBOX LN.
CITY-ST-ZIP N. FT. MYERS FL4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIPTITLE P ☒ DELETE
NAME SILAKOWSKI, DOROTHY
STREET ADDRESS 716 SHADYSIDE ST.
CITY-ST-ZIP LEHIGH ACRES, FL 000005.1 TITLE D ☒ Change ☒ Addition
5.2 NAME O'Sullivan, Neil
5.3 STREET ADDRESS P.O. Box 362 N.A.
5.4 CITY-ST-ZIP Lehigh Acres, FL 33970-0362TITLE SD ☐ DELETE
NAME BROWN, ROBERT
STREET ADDRESS 353 RICHLAND RD
CITY-ST-ZIP LEHIGH ACRES, FL 000006.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Douglas Trueman 4/23/97 941-995-1831

CR2E037 (9/96)