


FILE NOW: FILING FEE IS \$61.25

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Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>	 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 33936**

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



2. Principal Place of Business

2a. Mailing Address

**21**  
Suite, Apt. #, etc.

**26**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23**  
Zip

**25**  
Country

**28**  
Zip

**30**  
Country

3. Date Incorporated or Qualified

**07/01/1969**

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**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ 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 **RICHARD A. ANGLICKIS**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**643 GRANDVIEW DR.**

**83**

**84** City **LEHIGH ACRES** **FL** **85** Zip Code **33936**

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 **RICHARD A. ANGLICKIS, President**

**3/16/98**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	BAKER, WILLARD W	
STREET ADDRESS	609 NORTH AVE.	
CITY - ST - ZIP	LEHIGH ACRES, FL 0	
TITLE	PP	<input checked="" type="checkbox"/> DELETE
NAME	GREGG, WILLIAM	
STREET ADDRESS	1204 DUNDALE STREET	
CITY - ST - ZIP	LEHIGH ACRES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ANGLICKIS, RICHARD	
STREET ADDRESS	643 GRANDVIEW DR	
CITY - ST - ZIP	LEHIGH ACRES, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	TRUEMAN, DOUGLAS C.	
STREET ADDRESS	924 STRONGBOX LN.	
CITY - ST - ZIP	N. FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	O'SULLIVAN, NEIL	
STREET ADDRESS	P.O. BOX 362	
CITY - ST - ZIP	LEHIGH ACRES, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BROWN, ROBERT	
STREET ADDRESS	353 RICHLAND RD	
CITY - ST - ZIP	LEHIGH ACRES, FL 00000	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	ANGLICKIS, RICHARD	
1.3 STREET ADDRESS	643 GRANDVIEW DR	
1.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33936	
2.1 TITLE	PAST PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WILLARD W. BAKER	
2.3 STREET ADDRESS	609 NORTH AVE	
2.4 CITY - ST - ZIP	LEHIGH ACRES 33936	
3.1 TITLE	PRESIDENT ELECT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BRIAN BODDE	
3.3 STREET ADDRESS	206 HIGBURN AVE	
3.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33936	
4.1 TITLE	TREASURER, Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	WILLIAM DONNA HERMANOZ	
4.3 STREET ADDRESS	1515 GREENWOOD AVE.	
4.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33972	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	BRUCE BOYD JR.	
5.3 STREET ADDRESS	1802 7TH ST	
5.4 CITY - ST - ZIP	LEHIGH ACRES, FL 33972	
6.1 TITLE	000002468730	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-03/26/98--01008--011	
6.3 STREET ADDRESS	***61.25	
6.4 CITY - ST - ZIP		

14. 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 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: **RICHARD A. ANGLICKIS, President**

**3/16/98**

CR2E037 (10/97)