

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90003 049 ****61.25

DOCUMENT # 716837
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**

587671 - 90003 - 49



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		07/01/1969	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2526208	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				6. Election Campaign Financing <input type="checkbox"/>	
				Trust Fund Contribution <input type="checkbox"/>	

9. Name and Address of Current Registered Agent

**ANGLICKIS, RICHARD A
643 GRANDVIEW DR.
LEHIGH ACRES FL 33936**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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

William W Baker

(NOTE: Registered Agent signature required when reinstating)

DATE

July 10, 1999

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	DIRECTOR
NAME	HERNADEZ, DONNA	1.2 NAME	LOW HADA
STREET ADDRESS	1515 GREENWOOD AVE.	1.3 STREET ADDRESS	1104 E 13th Street
CITY-ST-ZIP	LEHIGH ACRES FL 33972	1.4 CITY-ST-ZIP	Lehigh Acres, FL 33972
TITLE	D	2.1 TITLE	
NAME	BOYD, BRUCE JR.	2.2 NAME	
STREET ADDRESS	1802 7TH ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33972	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	ANGLICKIS, RICHARD	3.2 NAME	
STREET ADDRESS	643 GRANDVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	3.4 CITY-ST-ZIP	
TITLE	P	4.1 TITLE	
NAME	BAKER, WILLIAM W	4.2 NAME	
STREET ADDRESS	609 NORTH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES FL 33936	4.4 CITY-ST-ZIP	
TITLE	PE	5.1 TITLE	TECHNICAL
NAME	BODDIE, BRIAN	5.2 NAME	LOW HADA
STREET ADDRESS	206 HIGHVIEW AVE.	5.3 STREET ADDRESS	210 Lake Ave NW
CITY-ST-ZIP	LEHIGH ACRES FL 33936	5.4 CITY-ST-ZIP	Lehigh Acres FL 33972
TITLE	SD	6.1 TITLE	
NAME	BROWN, ROBERT	6.2 NAME	
STREET ADDRESS	353 RICHLAND RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	LEHIGH ACRES, FL 00000	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, with all other like empowered.

SIGNATURE:

William W Baker
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 10, 1999
Date Daytime Phone #