


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 29, 2004 8:00 am**  
**Secretary of State**

01-29-2004 90087 032 \*\*\*\*61.25

<b>DOCUMENT # 716837</b> 1. Entity Name <b>KIWANIS CLUB OF LEHIGH ACRES, FLORIDA, INC.</b>					
Principal Place of Business <b>15 S HOMESTEAD ROAD LEHIGH ACRES FL 33936</b>			Mailing Address <b>15 S HOMESTEAD ROAD LEHIGH ACRES FL 33936</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-2526208</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ANGLICKIS, RICHARD A 643 GRANDVIEW DR. LEHIGH ACRES FL 33936</b>				7. Name and Address of New Registered Agent Name <b>Jon R. Olliff D.D.S.</b> Street Address (P.O. Box Number is Not Acceptable) <b>210 Lake Ave N.</b> City <b>Lehigh Acres, FL</b> Zip Code <b>33972</b>	
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 <u><i>Jon R. Olliff</i></u> <u><i>Jon R. Olliff D.D.S.</i></u> <u><i>22 Jan 04</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LANGFORD, GERALD 402 BETHANY VILLAGE CIRCLE LEHIGH ACRES FL 33936-7622	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOYD, BRUCE JR. 1802 7TH ST. LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGLICKIS, RICHARD 643 GRANDVIEW DR LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, WILLIAM A 609 NORTH AVE. LEHIGH ACRES FL 33936	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OLLIFF, JON R 210 LAKE AVE NORTH LEHIGH ACRES FL 33972	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, ROBERT 353 RICHLAND RD LEIGH ACRES FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Hammond, Larry 1501 Junior Court Lehigh Acres, FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <u><i>Jon R. Olliff</i></u> <u><i>Jon R. Olliff D.D.S.</i></u> <u><i>22 Jan 04</i></u> <u><i>239-369-6336</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					