

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90052 003 ****61.25

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1. Entity Name

KIWANIS CLUB OF LEHIGH ACRES, FLORIDA, INC.



Principal Place of Business

15 S HOMESTEAD ROAD
LEHIGH ACRES FL 33936

Mailing Address

15 S HOMESTEAD ROAD
LEHIGH ACRES FL 33936

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2526208

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OLLIFF, JON R D.D.S.
210 LAKE AVE N.
LEHIGH ACRES FL 33972

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☒ Delete
NAME LANGFORD, GERALD
STREET ADDRESS 402 BETHANY VILLAGE CIRCLE
CITY-ST-ZIP LEHIGH ACRES FL 33936-7622

TITLE D ☐ Change ☒ Addition
NAME YANN BANKS
STREET ADDRESS 20004 #3 LAKE VISTA Circle
CITY-ST-ZIP Lehigh Acres, FL 33936

TITLE D ☐ Delete
NAME BOYD, BRUCE JR.
STREET ADDRESS 1802 7TH ST.
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ANGLICKIS, RICHARD
STREET ADDRESS 643 GRANDVIEW DR
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE S ☐ Delete
NAME BAKER, WILLIAM A
STREET ADDRESS 609 NORTH AVE.
CITY-ST-ZIP LEHIGH ACRES FL 33936

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☐ Delete
NAME OLLIFF, JON R
STREET ADDRESS 210 LAKE AVE NORTH
CITY-ST-ZIP LEHIGH ACRES FL 33972

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME HAMMON, LARRY
STREET ADDRESS 1501 JUNIOR COURT
CITY-ST-ZIP LEHIGH ACRES FL 33971

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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.

SIGNATURE: *Jon R. Olliff D.D.S. Treasurer*

1 Feb 06 239-369-6336