FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 730454 (6)

1. Corporation Name
KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6326 WHISKEY CR DR FORT MYERS FLORIDA 33919-3465	6326 WHISKEY CR DR FORT MYERS FLORIDA 33919-3465

3. Date Incorporated or Qualified: 08/16/1974
3a. Date of Last Report: 03/03/1994
4. FEI Number: 23-7273390 — 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	THE HELM CLUB
21	
Suite, Apt. #, etc. 22	4420 FLAGSHIP DR NE
City & State 23	FT. MYERS, FLORIDA
Zip 24	33919
Country 25	USA

2a. Mailing Address 26	P.O. Box 60273
Suite, Apt. #, etc. 27	
City & State 28	FT. MYERS, FLORIDA [illegible]
Zip 29	33906
Country 30	USA

9. Name and Address of Current Registered Agent

MILLER, CHED
648 ASTARIAS CIR.
FORT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name	ROCKENSTEIN, BRUCE
82 Street Address (P.O. Box Number is Not Acceptable)	863 DEEP LAGOON LANE SW
83	
84 City	FT. MYERS FL 85 Zip Code 33919

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] 3-30-95
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	VPD	1.1 TITLE	PRESIDENT/D ☒ Change ☐ Addition
NAME	ROCKENSTEIN, BRUCE	1.2 NAME	ROCKENSTEIN BRUCE
STREET ADDRESS	863 DEEP LAGOON LN SW	1.3 STREET ADDRESS	863 DEEP LAGOON LANE SW
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	FT. MYERS FLORIDA 33919
TITLE	VPD	2.1 TITLE	VP/D ☐ Change ☐ Addition
NAME	ADAMS, TODD	2.2 NAME	Adams, Todd
STREET ADDRESS	1219 SE 8 ST #43	2.3 STREET ADDRESS	1219 SE 8 St #43
CITY-ST-ZIP	CAPE CORAL FL	2.4 CITY-ST-ZIP	Cape Coral, Fla
TITLE	TD	3.1 TITLE	PRESIDENT ELECT/D ☒ Change ☐ Addition
NAME	MILLER, CHED	3.2 NAME	FRANK MULLINS
STREET ADDRESS	6326 WHISKEY CR DR DELETE	3.3 STREET ADDRESS	1864 TANGLEWOOD PKWY
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	FT. MYERS FLORIDA 33919
TITLE	TD	4.1 TITLE	Treasurer/D ☒ Change ☐ Addition
NAME	THORNQUIST, TOM	4.2 NAME	Thornquist, Tom
STREET ADDRESS	1624 PINE VALLEY DR #206	4.3 STREET ADDRESS	1624 Pine Valley Dr #206
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas N. Thornquist, Treasurer — 2/25/95 — 813 482 2915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
THOMAS N. THORNQUIST, TREASURER

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