

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 730454 (6)**  
1. Corporation Name  
**KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC.**



Principal Place of Business  
**4420 FLAGSHIP DR  
FORT MYERS FLORIDA 33919  
US**

Mailing Address  
**6326 WHISKEY CR DR  
FORT MYERS FLORIDA 33919-3465**

3. Date Incorporated or Qualified <b>08/16/1974</b>	3a. Date of Last Report <b>04/21/1995</b>
4. FEI Number <b>23-7273390</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

## 9. Name and Address of Current Registered Agent

**ROCKENSEIN, BRUCE  
863 SW DEEP LAGOON LANE  
FORT MYERS FL 33919**

## 10. Name and Address of New Registered Agent

81. Name <b>FRANK MULLINS</b>
82. Street Address (P.O. Box Number is Not Acceptable) <b>1364 TANGLEWOOD PKWY</b>
83. City <b>FT MYERS</b>
84. State <b>FL</b>
85. Zip Code <b>33919</b>

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 617.0603, Florida Statutes.

SIGNATURE *Frank Mullins* *Frank Mullins* 1-25-96  
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 NAME STREET ADDRESS CITY-ST-ZIP	PD ROCKENSTEIN, BRUCE 863 DEEP LAGOON LN SW FT MYERS FL <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD ADAMS, TODD 1219 SE 8 ST #43 CAPE CORAL FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MULLINS, FRANK 1364 TANGLEWOOD PKWY FT MYERS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD THORNTON, TOM 1624 PINE VALLEY DR #206 FT MYERS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE-PRESIDENT JIM GLENNON 6213 DEER RUN SW FT MYERS FL 33908 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY MIKE GADALETA 5549 SUNDOWN HARBOUR CT FT MYERS FL 33919 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(k), 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: *Frank Mullins* *Frank Mullins* 1-25-96 561-9141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)