2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State **DOCUMENT # 730454** 05-17-2001 90404 022 ****61.25 KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC. Principal Place of Business Mailing Address PO BOX 60273 PO BOX 60273 00053879 FT MYERS FL 33906 FT MYERS FL 33906 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-7273390 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Hess Steve Street Address (P.O. Box Number is Not Acceptable) 6441 EMERALA PINES CIRCLE SEXTON, JOSEPH T 3949 EVANS AVE. #206 FT. MYERS FL 33901 Zip Code City Et. Myers 33912 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. 5-1-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Department of State Added to Fees **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Delete TITLE George Moeggenberg 1442 Dubonnet Ct NAME KAREH. AHMD NAME STREET ADDRESS STREET ADDRESS 4232 COUNTRY CLUB BLVD. 33919 CITY-ST-ZIP E+ Myers CITY-ST-ZIP CAPE CORAL FL 33904 ☐ Addition TITLE Delete Todd Adams 14611 Glen. Cove Dr # 1402 NAME SEXTON, JOSEPH NAME STREET ADDRESS STREET ADDRESS 3949 EVANS AVE. #206 Ft Myers, FL 339(9 CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33901 TITLE ☐ Delete ~ ~ TITLE NAME FRANCIS, ALAN NAME 10543 Wine Palm Rd STREET ADDRESS STREET ADDRESS 1576 WILTON LN. Ft. Myers. Fc 33912 CITY-ST-7)P CITY-ST-ZIP SANIBEL FL 33957 ☐ Change ☐ Addition ☐ Delete TITLE SANDFORD, ANNE NAME NAME STREET ADDRESS 13009 TALL PINE CIR. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33907 ☐ Addition Change ☐ Defete TITLE TITLE **GRISWOLD, EUNICE** NAME NAME STREET ADDRESS 14151 OAK HAMMOCK LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33905 Change Addition TITLE Delete TITLE Tom Thornquist 1624 Fine Valley Dr # 206 ROESSNER, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 13640 SIX MILE CYPRESS Et. Myers CITY-ST-ZIP FT. MYERS FL 33912

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.

SIGNATURE:

TATALOT BREFRANZUIRED

25-Apr-2001

FILED

941-489-9323