


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2006 8:00 am
Secretary of State

01-12-2006 90200 043 ****61.25

| | | | | | |
|--|--|---------|---|---|--|
| DOCUMENT # 730454 1. Entity Name KIWANIS CLUB OF FORT MYERS SOUTH, FLORIDA, INC. | | | |  | |
| Principal Place of Business PO BOX 60273 FT MYERS, FL 33906 US | | | Mailing Address PO BOX 60273 FT MYERS, FL 33906 US | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 23-7273390 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent FRANCIS, ALAN 10543 WINE PALM ROAD FORT MYERS, FL 33912 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | |
| 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. | | | | FL Zip Code | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | DATE | | |
| Filing Fee is \$61.25 Due by May 1, 2006 | | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PPD ADAMS, TODD <input type="checkbox"/> Delete 14611 GLEN COVE DR, 1402 FORT MYERS, FL 33919 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD FRANCIS, ALAN <input type="checkbox"/> Delete 10543 WINE PALM RDN FORT MYERS, FL 33912 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD MOEGGENBERG, GEORGE <input checked="" type="checkbox"/> Delete 1442 DUBONNET CT FORT MYERS, FL 33919 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PED THOMPSON, LYNN <input type="checkbox"/> Delete 20801 GROVELINE CT ESTERO, FL 33928 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T HACKENYOS, D. MAX <input type="checkbox"/> Delete 6572 WILLOW LAKE DR FORT MYERS, FL 33912 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D THORNQUIST, TOM <input type="checkbox"/> Delete 1624 PINE VALLEY DR. #206 FORT MYERS, FL 33907 | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | (Past President) PP/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D Steve Hess <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 6441 Emerald Pines Circle Fort Myers FL 33912 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: <u>Todd P Adams</u> <u>Todd P Adams</u> <u>1/10/06</u> <u>(239) 433-1223</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # | | | | | |

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