



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2007 8:00 am
Secretary of State

01-18-2007 90097 005 ****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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		60003372 	
City & State		City & State		01162007 Chg-NP CR2E037 (12/06)	
Zip Country		Zip Country		4. FEI Number 23-7273390	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For 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 TODD P ADAMS Street Address (P.O. Box Number is Not Acceptable) 14611 GLEN COVE DRIVE #1402 City FORT MYERS FL Zip Code 33919	
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 <u>Todd P Adams</u> <u>Todd P Adams Secretary</u> <u>1/16/07</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ADAMS, TODD 14611 GLEN COVE DR, 1402 FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PP/D FRANCIS, ALAN 10543 WINE PALM RDN FORT MYERS, FL 33912	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D HESS, STEVE 6441 EMERALD PINES CIRCLE FORT MYERS FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOEGGENBERG, GEORGE 1442 DUBONNET CT FORT MYERS, FL 33919	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PED THOMPSON, LYNN 20801 GROVELINE CT ESTERO, FL 33928	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HACKENYOS, D. MAX 6572 WILLOW LAKE DR FORT MYERS, FL 33912	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THORNQUIST, TOM 1624 PINE VALLEY DR. #206 FORT MYERS, FL 33907	<input type="checkbox"/> Delete		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>1/16/07</u> <u>(239) 433-1223</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					