

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2003 8:00 am
Secretary of State

01-30-2003 90181 045 ****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **23-7273390**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

~~FRANCES, ALLEN~~ **Francis, ALAN**
10543 WINE PALM RD
FORT MYERS FL 33912

7. Name and Address of New Registered Agent

Name **Alan FRANCIS**
Street Address (P.O. Box Number is Not Acceptable)
10543 Wine Palm Road
City **FORT MYERS** FL Zip Code **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Alan Francis*

ALAN FRANCIS

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	Past President	☐ Delete
NAME	HESS, STEVE	
STREET ADDRESS	6441 EMERALD PINES CIRCLE	
CITY-ST-ZIP	FORT MYERS FL 33912	D
TITLE	President	☐ Delete
NAME	ROHRS, RON	
STREET ADDRESS	11131 MAHOGANY RUN	
CITY-ST-ZIP	FORT MYERS FL 33919-8159	D
TITLE	Secretary	☐ Delete
NAME	FRANCIS, ALAN	
STREET ADDRESS	10543 WINE PALM RD	
CITY-ST-ZIP	FORT MYERS FL 33912	D
TITLE	President Elect	☐ Delete
NAME	ADAMS, TODD	
STREET ADDRESS	14811 GLEN COVE DR #1402	
CITY-ST-ZIP	FORT MYERS FL 33919	D
TITLE	Treasurer	☐ Delete
NAME	SANFORD, ANNE	
STREET ADDRESS	1801 BRANTLEY RD #2013	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	Director	☐ Delete
NAME	THORNUST, TOM	
STREET ADDRESS	1624 PINE VALLEY DR. #208	
CITY-ST-ZIP	FORT MYERS FL 33907	D

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Past President	☒ Change ☐ Addition
NAME	HESS, Steve	
STREET ADDRESS	(Same)	
CITY-ST-ZIP	(Same)	
TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ROHRS, RON	
STREET ADDRESS	(Same)	
CITY-ST-ZIP	(Same)	
TITLE	Secretary	☒ Change ☐ Addition
NAME	FRANCIS, ALAN	
STREET ADDRESS	(Same)	
CITY-ST-ZIP	(Same)	
TITLE	President Elect	☒ Change ☐ Addition
NAME	ADAMS, Todd	
STREET ADDRESS	(Same)	
CITY-ST-ZIP	(Same)	
TITLE	Treasurer	☒ Change ☐ Addition
NAME	SANFORD, Anne	
STREET ADDRESS	(Same)	
CITY-ST-ZIP	(Same)	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Todd Adams* **TODD ADAMS** 1-14-03 239 433-1223

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

PR2E037 (10/02)