

1-31-97 B-1161 NC
FILE NOW: FILING FEE IS \$61.25

FILED
Jan 31 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740511 (1)
1. Corporation Name
KIWANIS CLUB OF GREATER LEHIGH ACRES, FLORIDA, I NC.

Principal Place of Business 110 STAFFORD PLUE LEHIGH ACRES FL 33936	Mailing Address 110 STAFFORD PLUE LEHIGH ACRES FL 33936
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3. Date Incorporated or Qualified 08/29/1977	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 59-1741006 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIERKS, WALTER
110 STAFFORD PLUE
LEHIGH ACRES FL 33936**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE	T <input type="checkbox"/> DELETE
NAME	DIERKS, WALTER
STREET ADDRESS	110 STAFFORD PLACE
CITY-ST-ZIP	LEHIGH ACRES, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	HARDIE, ROBERT
STREET ADDRESS	110 RIVIERA ST
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WATLEY, IVAN
STREET ADDRESS	812 GRADENSIDE CT.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HARDIE, ROBERT
STREET ADDRESS	110 RIVIERA ST.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DORSETT, WILLIAM
STREET ADDRESS	210 LAKE DR.
CITY-ST-ZIP	LEHIGH ACRES FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CULVER, VICKI
STREET ADDRESS	300 8TH AVE.
CITY-ST-ZIP	LEHIGH ACRES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0079484

Walter Dierks **WALTER DIERKS** 1-16-97

CR2E037 (9/96)