

DOCUMENT # 749349

1. Entity Name

KIWANIS CLUB OF NORTH FORT MYERS, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

02-16-2000 90136 025 ****61.25

Principal Place of Business

Mailing Address

1330 N. CLEVELAND AVE
N. FT. MYERS FL 33903P.O. BOX 2036
FT MYERS FL 33902-2036

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

56-0124207

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORROW, ROBERT G
17501 COCONUT PALM CT
N FT MYERS FL 33917

Name **MORROW ROBERT G.**
 Street Address (P.O. Box Number is Not Acceptable)
17501 Coconut Palm Ct
 City **N. Ft. Myers** FL **33917**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	☒ Delete
NAME	GARWOOD, EUGENE A	
STREET ADDRESS	17890 WESTONE RD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	SD	☒ Delete
NAME	HUBBARD, HELEN M	
STREET ADDRESS	2460 BRIDGE RD	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	TD	☐ Delete
NAME	MORROW, ROBERT G.	
STREET ADDRESS	17501 COCONUT PALM CT	
CITY-ST-ZIP	N. FT. MYERS FL 33917	
TITLE	S	☒ Delete
NAME	BRENT, MARY E.	
STREET ADDRESS	17692 ACACIA DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☒ Delete
NAME	WHITTEN, PAUL R. JR.	
STREET ADDRESS	4641 VINSETTA AVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	☒ Delete
NAME	GEIGER, MARIAN M.	
STREET ADDRESS	1386 BURTWOOD DR	
CITY-ST-ZIP	FT MYERS FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	PATRICIA BILOZ	
STREET ADDRESS	3218 SARAL SPRINGS BLVD	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	PRESIDENT - ELECT	☒ Change ☐ Addition
NAME	MELBA GARWOOD	
STREET ADDRESS	17890 WESTONE RD.	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	TREASURER	☐ Change ☐ Addition
NAME	MORROW, ROBERT G.	
STREET ADDRESS	17501 COCONUT PALM CT	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	SECRETARY	☒ Change ☐ Addition
NAME	HELEN M. HUBBARD	
STREET ADDRESS	2460 BRIDGE RD.	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	NORMA TEDDER	
STREET ADDRESS	1916 VAN LOON TERRACE	
CITY-ST-ZIP	CAPE CORAL, FL 33990	
TITLE	DIRECTOR	☒ Change ☐ Addition
NAME	ROBERT G. HOEMLEY	
STREET ADDRESS	3324 Club View Dr.	
CITY-ST-ZIP	N. FT. MYERS, FL. 33917	

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:

HELEN M. HUBBARD, SECRETARY
HELEN M. HUBBARD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)