

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 13, 2007 8:00 am
Secretary of State

02-13-2007 90012 009 ****61.25

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1. Entity Name

KIWANIS CLUB OF NORTH FORT MYERS, INC.



Principal Place of Business

17890 WETSTONE RD
FORT MYERS FL 33917

Mailing Address

P.O. BOX 2036
FT MYERS FL 33903-2036



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

56-0124207

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MORROW, ROBERT G
15 MIDDLETON CT
FORT MYERS FL 33903

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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
Due By May 1, 2007**

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 D ☐ Delete
NAME GARWOOD, EUGENE
STREET ADDRESS 17890 WETSTONE RD
CITY- ST- ZIP NORTH FORT MYERS FL 33917

TITLE D ☐ Delete
NAME GARWOOD, MELVA
STREET ADDRESS 17890 WETSTONE RD
CITY- ST- ZIP NORTH FORT MYERS FL 33917

TITLE TD ☐ Delete
NAME MORROW, ROBERT G.
STREET ADDRESS 15 MIDDLETON CT
CITY- ST- ZIP FORT MYERS FL 33903

TITLE D ☒ Delete
NAME NORRIS, STEPHANIE
STREET ADDRESS 18171 DURRANCE RD
CITY- ST- ZIP NORTH FORT MYERS FL 33917

TITLE D ☐ Delete
NAME GEIGER, MARLAN
STREET ADDRESS 1386 BURTWOOD DR
CITY- ST- ZIP FORT MYERS FL 33901

TITLE SD ☐ Delete
NAME CARROLL, MICHAEL
STREET ADDRESS 3540 GLOXINIA DR
CITY- ST- ZIP NORTH FORT MYERS FL 33917

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☒ Addition
NAME SETTLE, CHARLES
STREET ADDRESS 558 HOGAN DR
CITY- ST- ZIP NORTH FORT MYERS, FL 33903

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE PD ☒ Change ☐ Addition
NAME NORRIS, STEPHANIE
STREET ADDRESS 18171 DURRANCE RD
CITY- ST- ZIP NORTH FORT MYERS, FL 33917

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

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 exemptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 5, 2007

(239)652-9292