2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008113

FILED Jan 31, 2007 Secretary of State

Entity Name: KIWANIS CLUB OF FORT MYERS-METRO INC

Current Principal Place of Business:			New Principal Place of Business:	
	VLER AVENUE ERS, FL 33901			
Current N	/lailing Addres	s:	New Mailir	ng Address:
P.O. BOX FORT MY	7493 ERS, FL 33911	I		
El Number	r: 01-0869691	FEI Number Applied For ()	FEI Number Not Appli	cable () Certificate of Status Desired ()
lame and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:
2049 MÁF	IARRIS M RAVILLA CIRCL 'ERS, FL 3390'			
	e named entity s e of Florida.	submits this statement for the	e purpose of changing it	s registered office or registered agent, or both
n the Stat	e of Florida.	submits this statement for the	e purpose of changing it	s registered office or registered agent, or both
the Stat	e of Florida. RE:	submits this statement for the		s registered office or registered agent, or both Date
n the Stat SIGNATU	e of Florida. RE:	ic Signature of Registered A	gent	
n the Stat SIGNATU DFFICER itle: ame: ddress:	e of Florida. RE: Electron S AND DIREC	ic Signature of Registered A TORS: Delete I CE DRIVE	gent	Date
n the Stat SIGNATU DFFICER itle: lame: ddress: itly-St-Zip: itle: lame: ddress:	e of Florida. RE: Electron S AND DIREC P () WEIGAND, DAN 4109 RESIDEN FORT MYERS,	ic Signature of Registered A TORS: Delete I CE DRIVE FL 33901 Delete S M LA CIRCLE	gent ADDITION Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTO
n the Stat SIGNATU	e of Florida. RE: Electron S AND DIREC P () WEIGAND, DAN 4109 RESIDEN FORT MYERS, V () SEGEL, HARRI 2049 MARAVILI FORT MYERS,	ic Signature of Registered A TORS: Delete I CE DRIVE FL 33901 Delete S M LA CIRCLE FL 33901 Delete NIFER LANE SUITE C	gent ADDITION Title: Name: Address: City-St-Zip: Title: Name: Address:	Date S/CHANGES TO OFFICERS AND DIRECTO () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIL MALETICH S 01/31/2007