NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name N10117

(2)

KIWANIS	CLUB	ΛF	IONA-	AAC(SREGOE	≀ INC
CINIMANIA	ULUD	VJE.	IUIN	TVILLI	ancaor	1. IIV.

						1847 01841 01811 01911 01941 01844 01844 1884
Principal Place	of Business	Mailing Address			I CONTROL OF THE CONTROL CONTR	1 1851 61914 61911 81911 91911 91911 91911 1291
% FRIEDMAN.	RICHARD	9131 COLLEGE PKWY				
9613 HALYAR	D CT #21	STE 13-B BOX 227				
FT MYERS FL US	33919	FT. MYERS FL 33919 US			3. Date Incorporated or Qualified	3a. Date of Last Report
UO		00			07/09/1985	04/05/1995
2. Principal Pla		2a. Mailing Address			4. FEI Number	Applied For
21 5076 N	lorthampton Dr.	26			59-2062761	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State			C Floation Compaign Engaging	
	D1	28			Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Ft. My	Country	Zip	Countr	ý	8. This corporation has liability for	
Zip 21 9 24 3 3 9 1 9	25 US	29	30			☐ Yes X No
<u> </u>	9. Name and Address of Current	Registered Agent			10. Name and Address of New R	egistered Agent
			81	Name N	Newman M. Fletcher	
FRIEDMA	IN, RICHARD		82	Street A	Address (P.O. Box Number is Not Acceptab	le)
9613 HA	LYARD CT			507€	Northhampton Dr.	
#21			83	1		
FT MYER	RS FL 33919		84	City		85 Zip_Code
				'Ft	Myers	FL 33919
11. Pursuant to	o the provisions of Sections 617,0502 and appear or both, in the State of Enrice	and 617.1508, Florida Statutes	the above	named co	rporation submits this statement for the pur board of directors. I hereby accept the app	pose of changing its registered office pintment as registered agent. Lam
familiar with	h, and locept the obligations Secto	17.0503, Florida Statutes.			cours of another this object the opp	
SIGNATURE _	Henry Habit	<u>~</u>			man M. Fletcher	Feb. 7,1996
12.	Signature Typed or printed name of registered agent an OFFICERS AND		Hegistered Agr	ent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	P	M)DELETE	11 TITLE	1	P	Change
NAME	FRIEDMAN, RICHARD	_	1.2 NAME		•	21.
STREET ADDRESS	9613 HALYARD CT #21			i	Newman M. Fletcher	
C(TY-ST-ZIP	FORT MYERS FL		14 CITY -		5076 Northampton D	r.
TITLE	SD	∑ DELETE	2 1 THILE		Ft Myers FL 33919 SD	Change
NAME	TAYLOR, JUDITH ANN		2.2 NAME		Rachel Evans	
STREET ADDRESS	4435 CROSSJACK COURT, #E	34	23 STREE		4747 Marbortown La	ne
CITY-ST-ZIP	FORT MYERS FL 33919		2 4 CITY		Ft Myers, FL 33919	
TITLE	D	DELETE	3.1 TITLE		TD	Change 🗌 Addition
NAME	JORDAN, RICHARD		3.2 NAME		Norman A. Landis	A
STREET ADDRESS	5015 HARBORTOWN LANE		3 3 STREE	1	15313 Cricket Ln	
CITY-ST-ZIP	FORT MYERS FL 33919	<u> </u>	3.4 CITY		Ft Myers, FL 33919	
TITLE	D	DELETE	4.1 TITLE	7	,, 00010	Change Addition
NAME	KOPF, RICHARD		4. 2 NAM	-		
STREET ADDRESS	4100 STEAMBOARD BEND, #4	103	43 STREE	T ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919	F-100.000	4.4 CITY -	\$1 - ZIP		F10 F14
TITLE		DELETE	51 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS				I ADDRESS		
CITY - ST - ZIP		Fineres	5 4 CITY	ST-ZIP		Change Fill Addition
TITLE		DELETE	61 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS				T ADDRESS		
CHY-ST-ZIP	codify that the information supplied up	th this filing is voluntarily furnic	64 CITY -		lify for the exemption stated in Section 119	07(3)(k) Florida Statutes I further

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Norman a Landis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Norman A. Landis Feb 7,1996 (44) 481-9402