FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 07, 1999 8:00 am
Secretary of State
07-07-1999 90002 012 ****61.25

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DOCUMENT # N10117

1. Corporation Name

KIWANIS CLUB OF IONA-MCGREGOR, INC.

Principal Place of Business	Mailing Address
5076 NORTHAMPTON DR FT MYERS FL 33919 US	9131 COLLEGE PKWY STE 13-B BOX 227 FT. MYERS FL 33919 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 07/09/1985
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2062761 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

FLETCHER, NEWMAN M.
5076 NORTHAMPTON DR
FT MYERS FL 33919

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	BIRELEY, FRANK		1.2 NAME	TAYLOR, JUDITH	
STREET ADDRESS	5018 HARBORTOWN LANE		1.3 STREET ADDRESS	4435 Crossjack Ct. B-4	
CITY-ST-ZIP	FT MYERS FL 33919		1.4 CITY-ST-ZIP	Ft. Myers, Fl 33919	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	TRAPANESE, ADA		2.2 NAME		
STREET ADDRESS	1088 BREVITY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS FL 33919		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE	TD	XX Change ☐ Addition
NAME	GAPP, ANTON		3.2 NAME	VERTICH, COREY	
STREET ADDRESS	11220 LONAWATER CHASE		3.3 STREET ADDRESS	7549 Woodland Bend Circle	
CITY-ST-ZIP	FT MYERS FL 33908		3.4 CITY-ST-ZIP	Ft. Myers, Fl. 33912	
TITLE	VPD	☐ DELETE	4.1 TITLE	VPD	XX Change ☐ Addition
NAME	MULLAN, TOM		4.2 NAME	HAYES, JON	
STREET ADDRESS	77 SW 53RD TERR		4.3 STREET ADDRESS	4689 Maikai Lane	
CITY-ST-ZIP	CAPE CORAL FL 33914		4.4 CITY-ST-ZIP	Bonita Springs, Fl. 34134	
TITLE	D	☐ DELETE	5.1 TITLE	D	XX Change ☐ Addition
NAME	HAYES. JON		5.2 NAME	SANDERS, RICHARD	
STREET ADDRESS	4689 MAIKAI LANE		5.3 STREET ADDRESS	5260 S. Landings Dr. #603	
CITY-ST-ZIP	BONITA SPGS FL 34134		5.4 CITY-ST-ZIP	Ft. Myers, Fl. 33919	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 24 June '99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #