

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 22, 2005 8:00 am**  
**Secretary of State**

02-22-2005 90026 037 \*\*\*\*61.25

**DOCUMENT # N10117**

1. Entity Name  
**KIWANIS CLUB OF IONA-MCGREGOR, INC.**



Principal Place of Business  
**HELM CLUB  
4420 FLAGSHIP DR  
FT MYERS, FL 33919 US**

Mailing Address  
**9131 COLLEGE PKWY  
STE 13-B BOX 227  
FT. MYERS, FL 33919 US**

**50017464**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01182005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number  
**59-2062761**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**GAPP, ANTON  
11220 LONEWATER CHASE  
FORT MYERS, FL 33908**

Name

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

**11220 LONEWATER CHASE COURT**

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                            |                                            |
|----------------|----------------------------|--------------------------------------------|
| TITLE          | PD                         | <input checked="" type="checkbox"/> Delete |
| NAME           | GRANT, WILLIAM             |                                            |
| STREET ADDRESS | 5651 HALIFAX AVE., STE. #6 |                                            |
| CITY-ST-ZIP    | FORT MYERS, FL 33912       |                                            |
| TITLE          | PPD                        | <input type="checkbox"/> Delete            |
| NAME           | HUFF, JASON                |                                            |
| STREET ADDRESS | 5801 RELMS PL              |                                            |
| CITY-ST-ZIP    | FORT MYERS, FL 33919       |                                            |
| TITLE          | PED                        | <input type="checkbox"/> Delete            |
| NAME           | TRAPANESE, ADA A           |                                            |
| STREET ADDRESS | 1088 BREVITY LN            |                                            |
| CITY-ST-ZIP    | FORT MYERS, FL 33919       |                                            |
| TITLE          | TD                         | <input type="checkbox"/> Delete            |
| NAME           | GAPP, ANTON                |                                            |
| STREET ADDRESS | 11220 LONGWATER CHASE      |                                            |
| CITY-ST-ZIP    | FORT MYERS, FL 33908       |                                            |
| TITLE          | VPD                        | <input checked="" type="checkbox"/> Delete |
| NAME           | RUETH, PATTI               |                                            |
| STREET ADDRESS | 434 NW 38 PLACE            |                                            |
| CITY-ST-ZIP    | CAPE CORAL, FL 33993       |                                            |
| TITLE          | SD                         | <input type="checkbox"/> Delete            |
| NAME           | FABENS, A. LAWRIE JR       |                                            |
| STREET ADDRESS | 5260 S LANOINGS DR APT 303 |                                            |
| CITY-ST-ZIP    | FORT MYERS, FL 33919       |                                            |

|                |                         |                                                                              |
|----------------|-------------------------|------------------------------------------------------------------------------|
| TITLE          | PD                      | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | RUETH, PATTI            |                                                                              |
| STREET ADDRESS | 434 NW 38 PLACE         |                                                                              |
| CITY-ST-ZIP    | CAPE CORAL FL 33993     |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |
| TITLE          | VPD                     | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           | GRANT, WILLIAM          |                                                                              |
| STREET ADDRESS | 5651 HALIFAX AVE STE #6 |                                                                              |
| CITY-ST-ZIP    | FORT MYERS FL 33912     |                                                                              |
| TITLE          |                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                         |                                                                              |
| STREET ADDRESS |                         |                                                                              |
| CITY-ST-ZIP    |                         |                                                                              |

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:

*Anton Gapp* **ANTON GAPP**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FEB 15, 2005 239-433-1784**

Date

Daytime Phone #