

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90110 027 ****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		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
Country		Country		Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
GAPP, ANTON 11220 LONGWATER CHASE COURT FORT MYERS, FL 33908				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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
Filing Fee Is \$61.25 Due by May 1, 2006		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	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUETH, PATTI		NAME		
STREET ADDRESS	434 NW 38 PLACE		STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL, FL 33993		CITY-ST-ZIP		
TITLE	PPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HUFF, JASON		NAME		
STREET ADDRESS	5801 RELMS PL		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	PED	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	TRAPANESE, ADA A		NAME		
STREET ADDRESS	1088 BREVITY LN		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GAPP, ANTON		NAME		
STREET ADDRESS	11220 LONGWATER CHASE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP		
TITLE	VPD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRANT, WILLIAM		NAME		
STREET ADDRESS	5651 HALFAH AVE, STE # 6		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33912		CITY-ST-ZIP		
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FABENS, A. LAWRIE JR		NAME		
STREET ADDRESS	5260 S LANOINGS DR APT 303		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 G APP			3/1/06 239-433-1794		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		