

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10117

FILED  
May 04, 2010  
Secretary of State

**Entity Name:** KIWANIS CLUB OF FORT MYERS METRO-MCGREGOR, INC.

**Current Principal Place of Business:**

4670 SUMMERLAND RD  
FT MYERS, FL 33919

**New Principal Place of Business:**

4670 SUMMERLIN RD  
FT MYERS, FL 33919

**Current Mailing Address:**

PO BOX 7493  
FORT MYERS, FL 33911

**New Mailing Address:**

**FEI Number:** 59-2062761      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NEWELL, DEBRA  
4670 SUMMERLIN RD  
FORT MYERS, FL 33919      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** D  
**Name:** WILLISON, KATHY  
**Address:** 12800 UNIVERSITY DR #175  
**City-St-Zip:** FORT MYERS, FL 33907

**Title:** PD  
**Name:** BEATTY, SCOTT  
**Address:** 12971 MCGREGOR BLVD  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** SD  
**Name:** PAT, KING  
**Address:** 1088 BREVITY LN  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** TD  
**Name:** NEWELL, DEBRA  
**Address:** 4670 SUMMERLIN RD  
**City-St-Zip:** FORT MYERS, FL 33919

**Title:** D  
**Name:** GRANT, WILLIAM  
**Address:** 5651 HALFAX AVE, STE # 6  
**City-St-Zip:** FORT MYERS, FL 33912

**Title:** VP  
**Name:** BENSON, MELISSA  
**Address:** 14941 COOPER'S HAWK WAY  
**City-St-Zip:** FORT MYERS, FL 33905

I hereby 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 all other like empowered.

SIGNATURE: DEBRA NEWELL

TD

05/04/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date