

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16457

FILED  
Jan 04, 2007  
Secretary of State

Entity Name: KIWANIS CLUB OF OCALA, INC.

## Current Principal Place of Business:

P.O. BOX 682  
OCALA, FL 326780682

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 682  
OCALA, FL 326780682 US

## New Mailing Address:

FEI Number: 59-0656764

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

LEE, STEVEN T  
2347 SE 17TH STREET  
OCALA, FL 34471 US

## Name and Address of New Registered Agent:

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: DPP ( ) Delete  
Name: PHILLIPS, JIM  
Address: 3721 SE 3RD STREET  
City-St-Zip: OCALA, FL 34471

Title: DP ( ) Delete  
Name: WILLIAMS, DIANA V  
Address: 301 SE 17TH STREET  
City-St-Zip: OCALA, FL 34471

Title: DV ( ) Delete  
Name: CRAWFORD, WILLIAM  
Address: 812 NE 25TH AVENUE, SUITE A  
City-St-Zip: OCALA, FL 34470

Title: DV ( ) Delete  
Name: SPIRES, STEPHEN V  
Address: 3006 SE 23RD AVENUE  
City-St-Zip: OCALA, FL 34471

Title: DS ( ) Delete  
Name: LEE, STEVEN T  
Address: 2347 SE 17TH STREET  
City-St-Zip: OCALA, FL 34471

Title: DT ( ) Delete  
Name: OLSTEIN, PHILIP J  
Address: 3520 SW 26TH AVENUE  
City-St-Zip: OCALA, FL 34474

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: STEVEN T LEE

DS

01/04/2007

Electronic Signature of Signing Officer or Director

Date