

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2007 8:00 am**  
**Secretary of State**

04-19-2007 90181 012 \*\*\*\*61.25

**DOCUMENT # N16572**

1. Entity Name  
**KIWANIS CLUB OF NAPLES EAST, INCORPORATED**



Principal Place of Business  
**4335 TAMiami TR E  
NAPLES, FL 34112 US**

Mailing Address  
**P.O. BOX 572  
NAPLES, FL 34106-0572 US**

40068883



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04092007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**65-0069743**

Applied For  
Not Applicable

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

**CORAH, CAROL M  
18 NAVAJO TRAIL  
NAPLES, FL 34113**

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

CAROL M. CORAH

Carol M. Corah

4/8/07

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, 2007**

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 **T3** ☐ Delete  
NAME **CORAH, CAROL M**  
STREET ADDRESS **18 NAVAJO TRAIL**  
CITY-ST-ZIP **NAPLES, FL 34113**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **SD** ☒ Delete  
NAME **LEE-ADAMS, SALLY**  
STREET ADDRESS **6600 BEACH RESORT DR #1**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **SEAMPLES, MARCI**  
STREET ADDRESS **5762 LAGO VILLAGGIO WAY**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **MACASEVICH, JEFF**  
STREET ADDRESS **3823 TAMiami TRAIL E #119**  
CITY-ST-ZIP **NAPLES, FL 34112**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **BM** ☐ Delete  
NAME **KINGTON, BUDDY**  
STREET ADDRESS **5170 BERKLEY DRIVE**  
CITY-ST-ZIP **NAPLES, FL 34104**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☒ Delete  
NAME **ADAMS, PAUL**  
STREET ADDRESS **6600 BEACH RESORT DR #1**  
CITY-ST-ZIP **NAPLES, FL 34114**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:**

CAROL M. CORAH

Carol M. Corah

4/8/07

239-775-7627

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #