

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90007 010 ****61.25

0059082

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N19688

1. Corporation Name
THE KIWANIS CLUB OF SAN CARLOS PARK, INC. *- ESTERO, INC.*

Principal Place of Business 16997 TIMBER LAKES DR FORT MYERS FL 33908 US	Mailing Address 16997 TIMBER LAKES DR FT MYERS FL 33912 US
---	---



2. Principal Place of Business 21 16751 PHEASANT CT. Suite, Apt. #, etc. 22 City & State 23 FT. MYERS, FL Zip 24 33908-5343 25 USA	2a. Mailing Address 26 16751 PHEASANT CT. Suite, Apt. #, etc. 27 FT. MYERS, FL City & State 28 Zip 29 33908-5343 30 USA	3. Date Incorporated or Qualified 03/16/1987 4. FEI Number 59-2161758 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent SHELLENBARGER, WILBUR D 16997 TIMBERLAKES DR FORT MYERS FL 33908		10. Name and Address of New Registered Agent 81 Name SHELLENBARGER, WILBUR D. 82 Street Address (P.O. Box Number is Not Acceptable) 16751 PHEASANT CT 83 84 City FT. MYERS FL 85 Zip Code 33908-5343

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Wilbur D. Shellenbarger* (WILBUR D. SHELLENBARGER) 1/3/99
 * Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OAKES, EARL L	1.2 NAME	
STREET ADDRESS	7451 BEAR HOLLOW CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEHRING, CARL	2.2 NAME	
STREET ADDRESS	6043 BIRNAM WOOD LN SW	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL	2.4 CITY-ST-ZIP	
TITLE	P <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLSON, JAMES J.	3.2 NAME	VP
STREET ADDRESS	216 LITTLE BAY ST	3.3 STREET ADDRESS	WALSH, MATTHEW R.
CITY-ST-ZIP	FT MYERS FL 33912	3.4 CITY-ST-ZIP	9713 DEIGNWOOD CT. FT. MYERS, FL 33912
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHARF, REV FREDERICK	4.2 NAME	SCHARF, REV. FREDERICK
STREET ADDRESS	22644 WEST BRIDGE CT	4.3 STREET ADDRESS	22644 WEST BRIDGE CT.
CITY-ST-ZIP	ESTERO FL 33912	4.4 CITY-ST-ZIP	ESTERO, FL 33912
TITLE	VP <input type="checkbox"/> DELETE	5.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUSHNER, ROBERT	5.2 NAME	KUSHNER, ROBERT
STREET ADDRESS	7571 WINGED FOOT DR	5.3 STREET ADDRESS	7571 WINGED FOOT DR
CITY-ST-ZIP	FT MEYRS FL	5.4 CITY-ST-ZIP	FT. MYERS, FL
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUCE, WILLIAM W	6.2 NAME	
STREET ADDRESS	18054 Ocala RD, SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	FORT MYERS FL 33912	6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Wilbur D. Shellenbarger* WILBUR D. SHELLENBARGER 1/3/99 (941) 482-8308
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)