

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N21060 (1)
1. Corporation Name
THE KIWANIS CLUB OF FORT MYERS, CALOOSA, INC.



Principal Place of Business
15040 SHAMROCK
FT MYERS FL 33912
US

Mailing Address
P O BOX 7222
FT MYERS FL 33919
US

3. Date Incorporated or Qualified 06/09/1987
3a. Date of Last Report 03/27/1995

2. Principal Place of Business
21 38 BARKLEY CIRCLE
Suite, Apt. #, etc.
22 SUITE 4
City & State
23 FORT MYERS, FL
Zip
24 33907
Country
25 LEE
26 SAME AS ABOVE
27
City & State
28
Zip
29
Country
30

4. FEI Number 59-2819088
Applied For
Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BUEHLER, PATRICIA D
15040 SHAMROCK DR
FT MYERS FL 33912

10. Name and Address of New Registered Agent

81 Name TODD C. MACKE
82 Street Address (P.O. Box Number is Not Acceptable)
83 38 BARKLEY CIRCLE, SUITE 4
84 City FORT MYERS FL 85 Zip Code 33907

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

Todd C. Macke
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

3/21/96
DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENYAK, BILL	
STREET ADDRESS	5550 LONGLEAF DRIVE	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TRAIN, SIMON	
STREET ADDRESS	5372 MAYWARD ST	
CITY-ST-ZIP	FT MYERS FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BUEHLER, PATRICIA D	
STREET ADDRESS	15040 SHAMROCK DR	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BENYAK, WILLIAM	
STREET ADDRESS	1717 ATLANTA PLAZA DR	
CITY-ST-ZIP	SANIBEL F	
TITLE	SVP	<input type="checkbox"/> DELETE
NAME	MACKE, TODD	
STREET ADDRESS	6919 CAMBRIDGE PL	
CITY-ST-ZIP	FT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROHRS, RON	
STREET ADDRESS	15136 ANCHORAGE WAY	
CITY-ST-ZIP	FT MYERS FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	SECRETARY, VICE PRES. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	PATRICIA BUEHLER
3.3 STREET ADDRESS	15136 ANCHORAGE WAY PO Box 08091
3.4 CITY-ST-ZIP	FT. MYERS, FL 33908
4.1 TITLE	TREASURER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MATT CULAR
4.3 STREET ADDRESS	13860 N. CLEVELAND AVE.
4.4 CITY-ST-ZIP	FT. MYERS, FL 33903
5.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	TODD C. MACKE
5.3 STREET ADDRESS	6506 KESTREL CIRCLE
5.4 CITY-ST-ZIP	FT. MYERS, FL 33912
6.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patricia D Buehler

4/24/96
Date

418-9445
Daytime Phone #

CR2E037 (12/95)