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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N21010

1. Corporation Name
The Kiwanis Club of Fort Myers, Caloosa, Inc.

Principal Place of Business	Mailing Address
38 Barkley Cir. Suite 4 Fort Myers, FL 33907	P.O. Box 07222 Ft. Myers, FL 33919

3. Date Incorporated or Qualified: 6/9/87
3a. Date of Last Report: 4/30/96

2. Principal Place of Business: 21 Ft. Myers
2a. Mailing Address: 26

Suite, Apt. #, etc.: 22
Suite, Apt. #, etc.: 27

City & State: 23
City & State: 28

Zip: 24 Country: 25
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

Todd C. Macke
38 Barkley Cir.
Suite 4
Fort Myers, FL 33907

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~Director~~ ~~DELETE~~ Simon Train 5372 Mayward St. Fort Myers, FL 33905	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ☑ Change ☐ Addition PATRICIA D. BUEHLER ~~P.O. BOX 08091~~ 6300 S. Pointe Blvd #467 FORT MYERS, FL ~~33902~~ 33919
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary, Vice President ☐ DELETE Patricia D. Buehler P.O. Box 08091 Fort Myers, FL 33902	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE PRESIDENT ☑ Change ☑ Addition LARRY MURRAY 3251 SABAL SPRINGS BLVD. N FT MYERS, FL 33930
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ ☑ DELETE Matt Culan ~~13860~~ N. Cleveland Avenue Fort Myers, FL 33903	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SECRETARY ☑ Change ☐ Addition SIMON TRAIN 5372 MAYWARD ST FORT MYERS, FL 33905
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~President~~ DIRECTOR ~~DELETE~~ Todd C. Macke 6506 Kestrel Circle Fort Myers, FL 33912	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	~~Ron Rohrs~~ TREASURER ☑ Change ☐ Addition RON ROHRS 15136 ANCHORAGE WAY FT MYERS, FL 33908
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director ~~DELETE~~ Ron Rohrs 15136 Anchorage Way Fort Myers, FL 33908	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	DIRECTOR ☐ Change ☐ Addition TODD C. MACKE 6506 KESTREL CIRCLE FT MYERS, FL 33912
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DELETE~~	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 600002283716 -09/03/97--01031--025 ***70.00

CR2E037 (9/96)

14. I do 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.

SIGNATURE: Patricia D. Buehler — 6-18-97 — 941-454-7566
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
PATRICIA D. BUEHLER