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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
38 Barkley Cir.
Suite 4
Fort Myers, FL 33907

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

12. OFFICERS AND DIRECTORS

TITLE	Director	DELETE
NAME	Simon Train	
STREET ADDRESS	5372 Mayward St.	
CITY-ST-ZIP	Fort Myers, FL 33905	
TITLE	Secretary, Vice President	DELETE
NAME	Patricia D. Buehler	
STREET ADDRESS	P.O. Box 08091	
CITY-ST-ZIP	Fort Myers, FL 33902	
TITLE	TREASURER	DELETE
NAME	Matt Culan	
STREET ADDRESS	13860 N. Cleveland Avenue	
CITY-ST-ZIP	Fort Myers, FL 33903	
TITLE	President DIRECTOR	
NAME	Todd C. Macke	
STREET ADDRESS	6506 Kestrel Circle	
CITY-ST-ZIP	Fort Myers, FL 33912	
TITLE	Director	DELETE
NAME	Ron Rohrs	
STREET ADDRESS	15136 Anchorage Way	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
1.2 NAME	PATRICIA D. BUEHLER	
1.3 STREET ADDRESS	~~P.O. BOX 08091~~ 6300 S. Pointe Blvd #467	
1.4 CITY-ST-ZIP	FORT MYERS, FL ~~33902~~ 33919	
2.1 TITLE	VICE PRESIDENT	☒ Change ☒ Addition
2.2 NAME	LARRY MURPHY	
2.3 STREET ADDRESS	3251 SABAL SPRINGS BLVD.	
2.4 CITY-ST-ZIP	N FT MYERS, FL 33930	
3.1 TITLE	SECRETARY	☒ Change ☐ Addition
3.2 NAME	SIMON TRAIN	
3.3 STREET ADDRESS	5372 MAYWARD ST	
3.4 CITY-ST-ZIP	FORT MYERS, FL 33905	
4.1 TITLE	~~Ron Rohrs~~ TREASURER	☒ Change ☐ Addition
4.2 NAME	RON ROHRS	
4.3 STREET ADDRESS	15136 ANCHORAGE WAY	
4.4 CITY-ST-ZIP	FT MYERS, FL 33908	
5.1 TITLE	DIRECTOR	☐ Change ☐ 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		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***70.00

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

CR2E037 (9/96)