2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 12, 2005 8:00 am
Secretary of State
04-12-2005 90135 019 ****61.25

DOCUMENT # N23188

1. Entity Name

THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC.

Principal Place of Business	Mailing Address
5634 AUSTIN ST. LEESBURG FL 34748-8001	POBOX 491107 LEESBURG FL 34749-1107 US

1st MOORE CR2E037 (10/04)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2858416 ☐ 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
TAYLOR, LAWRENCE E. HOWELL, TAYLOR AND DUGGAN, P.A. 1029 WEST MAGNOLIA STREET LEESBURG FL 34748	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25
Due By May 1, 2005

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	S WALKER, JAMES M. 5634 AUSTIN ST. LEESBURG FL 34748-8001	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President-Elect Ferrill, John Tom 3934 Rivercrest Circle Leesburg FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TAYLOR, LAWRENCE E. 1029 W. MAGNOLIA ST. LEESBURG FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President STALLMAN, Michael L. 100 E. Woodward St., Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HOLT, MICHAEL C 2272 LAKE POINTE CIRCLE LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer Lamoreaux, Mary S. 201 Jean St., Tavares, FL 32778	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DYKES, JOSEPH C 806 GRAND VISTA TRL. LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Baker, Charles B. 404 S. 12th St., Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V HEWETT, ARTHUR W JR 5600 LET COURT LEESBURG FL 34748	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Dunne, Shirley 414 Ranchwood Drive, Leesburg, FL 34748	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DUNNE, JOSEPH J 414 RANCH WOOD DRIVE LEESBURG FL 34748	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Ohnstad, David W 113 Lake Shore Drive, Leesburg, FL 34748	☐ Change ☒ Addition

12. 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 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: James M. Walker James M. Walker 4/6/05 352-787-2395
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

ATTACHMENT

H00541196
#N23188

Additional Directors
Bair, Vicki S.
4223 Bair Ave.,
Fruitland Park, FL 34731
Kunz, George
415 Oak Hammock Lane,
Leesburg, FL 34748
Burris, Rev. Karen
105 W. Main St.,
Leesburg, FL 32748