


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2007 8:00 am**  
**Secretary of State**

04-23-2007 90264 021 \*\*\*\*61.25

<b>DOCUMENT # N23188</b>	
1. Entity Name <b>THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC.</b>	

Principal Place of Business <b>5634 AUSTIN ST. LEESBURG, FL 34748-8001</b>	Mailing Address <b>PO BOX 491107 LEESBURG, FL 34749-1107 US</b>
---	--

2. Principal Place of Business - No P.O. Box # <b>4443 NOTTOWAY DR</b>	3. Mailing Address <b>PO BOX 491107</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>LEESBURG FL</b>	City & State <b>LEESBURG FL</b>
Zip <b>34748</b>	Country <b>U.S.A.</b>
Country <b>U.S.A.</b>	Zip <b>34749</b>



02192007 Chg-NP CR2E037 (12/06)

4. FEI Number <b>59-2858416</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
---	---------------------------------------

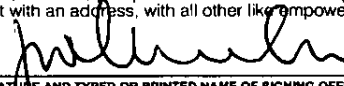

6. Name and Address of Current Registered Agent <b>WALKER, JAMES M 5634 AUSTIN ST LEESBURG, FL 34748</b>	
---	--

7. Name and Address of New Registered Agent	
Name <b>John W Chandler</b>	
Street Address <b>4443 Nottoway Dr Leesburg, FL 34748</b>	
City <b>FL</b>	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 		<b>4.10.07.</b>
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE		

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	<b>Make check payable to Florida Department of State</b>
---	---	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>S</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>S</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>WALKER, JAMES M.</b>		NAME <b>Mr. John W. Chandler</b>	
STREET ADDRESS <b>5634 AUSTIN ST.</b>		STREET ADDRESS <b>4443 Nottoway Drive</b>	
CITY-ST-ZIP <b>LEESBURG, FL 347488001</b>		CITY-ST-ZIP <b>Leesburg FL. 34748</b>	
TITLE <b>P</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>P</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>FERRILL, JOHN T</b>		NAME <b>Mr. Michael L. Stallman</b>	
STREET ADDRESS <b>3934 RIVERCREST CIR</b>		STREET ADDRESS <b>100 E. Woodward Street</b>	
CITY-ST-ZIP <b>LEESBURG, FL 34748</b>		CITY-ST-ZIP <b>Leesburg FL. 34749</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>HOLT, MICHAEL C</b>		NAME <b>Mr. Charles T. Lloyd</b>	
STREET ADDRESS <b>2272 LAKE POINTE CIRCLE</b>		STREET ADDRESS <b>530 Essex Avenue</b>	
CITY-ST-ZIP <b>LEESBURG, FL 34748</b>		CITY-ST-ZIP <b>Mount Dora FL. 32757</b>	
TITLE <b>PP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PP</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>DYKES, JOSEPH C</b>		NAME <b>Mr. John Tom Ferrill</b>	
STREET ADDRESS <b>806 GRAND VISTA TRL.</b>		STREET ADDRESS <b>3934 Rivercrest Circle</b>	
CITY-ST-ZIP <b>LEESBURG, FL 34748</b>		CITY-ST-ZIP <b>Leesburg FL. 34748</b>	
TITLE <b>PE</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>PE</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>STALLMAN, MICHAEL L</b>		NAME <b>Rev. M. McCoy Gibbs</b>	
STREET ADDRESS <b>100 E WOODWARD ST</b>		STREET ADDRESS <b>411 Oak Hammock Lane</b>	
CITY-ST-ZIP <b>LEESBURG, FL 34748</b>		CITY-ST-ZIP <b>Leesburg FL. 34748</b>	
TITLE <b>VP</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>V.P.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GIBBS, M. MCCOY</b>		NAME <b>Mr. George Kunz</b>	
STREET ADDRESS <b>411 OAK HAMMOCK LANE</b>		STREET ADDRESS <b>415 Oak Hammock Lane</b>	
CITY-ST-ZIP <b>LEESBURG, FL 34748</b>		CITY-ST-ZIP <b>Leesburg FL. 34748</b>	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: 		<b>4.10.07</b>	<b>365-1437</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #