

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N23188

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE KIWANIS CLUB OF LEESBURG FOUNDATION, INC.

Current Principal Place of Business:

4448 NOTTOWAY DR
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

POBOX 491107
LEESBURG, FL 34749 US

New Mailing Address:

FEI Number: 59-2858416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHANDLER, JOHN W
4443 NOTTOWAY DR.
LEESBURG, FL 34748 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: S () Delete
Name: CHANDLER, JOHN W
Address: 4443 NOTTOWAY DRIVE
City-St-Zip: LEESBURG, FL 34748

Title: P () Delete
Name: GIBBS, MCCOY M
Address: 411 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL 34748

Title: D () Delete
Name: BROWN, RICHARD E
Address: P.O. BOX 490750
City-St-Zip: LEESBURG, FL 34749

Title: PP () Delete
Name: STALLMEAN, MICHAEL L
Address: P.O. BOX 491307
City-St-Zip: LEESBURG, FL 34749

Title: PE () Delete
Name: KUNZ, GEORGE
Address: 415 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL 34748

Title: VP () Delete
Name: OHNSTAD, DAVID W
Address: P.O. BOX 490025
City-St-Zip: LEESBURG, FL 34749

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: OLDEN, SIMON
Address: 809 FOREST BREEZE PATH
City-St-Zip: LEESBURG, FL 34749

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PP (X) Change () Addition
Name: GIBBS, MCCOY M
Address: 411 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL 34748

Title: P (X) Change () Addition
Name: KUNZ, GEORGE
Address: 415 OAK HAMMOCK LANE
City-St-Zip: LEESBURG, FL 34748

Title: PE (X) Change () Addition
Name: OHNSTAD, DAVID W
Address: P.O. BOX 490025
City-St-Zip: LEESBURG, FL 34749

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN W. CHANDLER

S

04/09/2009

Electronic Signature of Signing Officer or Director

Date