FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR -7 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N28672** **(6)**

1. Corporation Name

THE KIWANIS CLUB OF FORT MYERS HARBORVIEW, FLORIDA, INC.

Principal Place of Business	Mailing Address
2254 MCGREGOR BLVD FT MYERS FL 33901 US	4243 ELLEN AVE STE 206 FORT MYERS FL 33901 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/03/1988
3a. Date of Last Report: 06/14/1994
4. FEI Number: 65-0255191 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LUCREZI, CATHY L 2254 MGREGOR BLVD STE. 206 FT MYERS FL 33901	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Cathy L Lucrezi 4-3-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	AVITTS, CHERYL	1.2 NAME		
STREET ADDRESS	1521 HUNTDALE ST	1.3 STREET ADDRESS		
CITY-ST-ZIP	LEHIGH ACRES FL	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE		☐ Change ☐ Addition
NAME	PORTER, T C	2.2 NAME		
STREET ADDRESS	2271 FIRST ST / STE 25	2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	LUCREZI, CATHY	3.2 NAME		
STREET ADDRESS	4243 ELLEN AVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP		
TITLE	VD	4.1 TITLE	VP	☒ Change ☐ Addition
NAME	DELNAY, TOM	4.2 NAME	MARK JUDD	
STREET ADDRESS	1500 COLONIAL BLVD / STE 224	4.3 STREET ADDRESS	7331 Pinnacle Pines Dr., A-7	
CITY-ST-ZIP	FT MYERS FL	4.4 CITY-ST-ZIP	Ft. Myers, FL 33907	
TITLE	PD	5.1 TITLE		☐ Change ☐ Addition
NAME	BEAZELL, THORNTON	5.2 NAME		
STREET ADDRESS	1249 MORNINGSIDE DR	5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP		
TITLE	VD	6.1 TITLE	Director	☒ Change ☐ Addition
NAME	SCHULER, KEITH	6.2 NAME	Sharon Moore	
STREET ADDRESS	905 DEAN WAY	6.3 STREET ADDRESS	1436 Lynwood Ave.	
CITY-ST-ZIP	FT MYERS FL	6.4 CITY-ST-ZIP	Ft. Myers, FL 33901	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thurston D Beazell, Pres 3-11-95 813-936-8448
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Phone #

0018400