


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

|  |   |
|--|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1996</b> 7/30/96 | <br>FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|

DOCUMENT # **N28672** (6)

1. Corporation Name  
**THE KWANIS CLUB OF FORT MYERS HARBORVIEW, FLORIDA, INC.**

|   |   |
|---|---|
| Principal Place of Business<br><b>2254 MCGREGOR BLVD<br/>FT MYERS FL 33901<br/>US</b> | Mailing Address<br><b>4243 ELLEN AVE<br/>STE 206<br/>FORT MYERS FL 33901<br/>US</b> |
|---|---|



|  |   |
|--|---|
| 2. Principal Place of Business<br>21 <b>2256 Heitman Street</b><br>Suite, Apt. #, etc.<br>22<br>City & State<br>23 <b>Fort Myers, FL</b><br>Zip<br>24 <b>33901</b><br>Country<br>25 <b>USA</b> | 2a. Mailing Address<br>26 <b>2256 Heitman Street</b><br>Suite, Apt. #, etc.<br>27<br>City & State<br>28 <b>Fort Myers, FL 33901</b><br>Zip<br>29 <b>33901</b><br>Country<br>30 <b>USA</b> |
|--|---|

|  |  |
|--|--|
| 3. Date Incorporated or Qualified<br><b>10/03/1988</b>   | 3a. Date of Last Report<br><b>04/07/1995</b> |
| 4. FEI Number<br><b>65-0255191</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired<br><input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

|   |  |
|---|--|
| 9. Name and Address of Current Registered Agent<br><b>LUCREZI, CATHY L<br/>2254 MCGREGOR BLVD<br/>STE 206<br/>FT MYERS FL 33901</b> |  |
|---|--|

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 Cathy L. Lucrezi DATE 6/11/96  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS                         |  |
|--|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>SD<br/>AVITTS, CHERYL<br/>1521 HUNTDAL ST<br/>LEHIGH ACRES FL</b> <input checked="" type="checkbox"/> DELETE      |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>TD<br/>PORTER, T C<br/>2271 FIRST ST / STE 25<br/>FT MYERS FL</b> <input type="checkbox"/> DELETE                 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>LUCREZI, CATHY<br/>4243 ELLEN AVE<br/>FT MYERS FL</b> <input checked="" type="checkbox"/> DELETE            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>VP<br/>JUDD, MARK<br/>7331 PINNACLE PINES DR., A-7<br/>FT MYERS FL</b> <input checked="" type="checkbox"/> DELETE |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>PD<br/>BEAZELL, THORNTON<br/>1249 MORNINGSIDE DR<br/>FT MYERS FL</b> <input type="checkbox"/> DELETE              |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | <b>D<br/>MOORE, SHARON<br/>1436 LYNWOOD AVE<br/>FT MYERS FL</b> <input checked="" type="checkbox"/> DELETE           |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12              |  |
|--|--|
| 1.1 TITLE<br>1.2 NAME<br>1.3 STREET ADDRESS<br>1.4 CITY - ST - ZIP | <b>Vice President<br/>Beth Sexton<br/>18 Winewood Court<br/>Fort Myers, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |
| 2.1 TITLE<br>2.2 NAME<br>2.3 STREET ADDRESS<br>2.4 CITY - ST - ZIP | <b>Director Past<br/>Porter, T.C.<br/>2271 First St. Ste. 25<br/>Fort Myers, FL 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY - ST - ZIP | <b>PRESIDENT<br/>STEVE THOMPSON<br/>3949 Evans Ave, Ste 206<br/>Fort Myers, FL 33901</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY - ST - ZIP | <b>GEORGE MYERS<br/>1338 Chalon SW<br/>Fort Myers, FL 33919</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                           |
| 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY - ST - ZIP | <b>Director<br/>Thornton Beazell<br/>1249 Morningside Dr.<br/>Fort Myers, FL 33901</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition    |
| 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY - ST - ZIP | <b>Director<br/>Eunice Griswold<br/>14151 Oak Hammock Lane<br/>Fort Myers, FL 33905</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |

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)(k), 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: X Sharon Moore, Past Director/President DATE 6/20/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 941-432-6819

CR2E037 (3/96)