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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

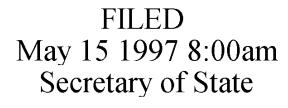
N28672

(6)

THE KIWANIS CLUB OF FORT MYERS HARBORVIEW, FLORI DA, INC.

Principal Place of Business

Mailing Address





2256 HEITMAN STREE FT MYERS FL 33901	1	2256 HEITMAN STREET FORT MYERS FL 33901-	3744		
US US		US	•	3. Date Incorporated or Qualified 10/03/1988	3s. Date of Last Report 07/30/1996
2. Principal Place of		2a. Mailing Address		4. FEI Number	Applied For
21 3949 EL	ions Ave	26 3949 EU	ions Avenue	65-0255191	Not Applicable
Suite, Apt. #, etc.		Suite Apt. #, etc.	206	5. Certificate of Status Desired	\$8,75 Additional Fee Required
City & State 23 Ft. Myers, FL 28 Ft. Myers		15 FL	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip Country Zip			Country 30 USA	This corporation has liability for li Florida Statutes	ntangible tax under s. 199.032, Yes No
Name and Address of Current Registered Agent				10. Name and Address of New Reg	platered Agent
LUCREZI, CA 2256 HEITMA FT MYERS FL	n street		81 Name 2 82 Street At	Steplen D. Thomas ddress (P.O. Box Number is Not Accepted 949 Furns Ave	250~ le)
			84 City	et mins	FL 85 Zip Code 3390/
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 agreet the obligations of Section 617 0503, Florida Statutes.					
SIGNATURE State 2 / Lossen 5-1-97					
Signature proed or finited name of registered agent and title if applicable. (NOTE: Registered Agent algorithms renating) OATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE V		☐ DELETE	1.1 TIYLE		☐ Change ☐ Addition 3
	exton, beth		1.2 NAME		31
	WINEWOOD COURT		1.3 STREET ADDRESS		يًا
CITY-ST-ZIP FC	ORT MYERS FL		1.4 CITY-ST-ZIP		
TITLE D		DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME PC	Orter, t c		22 NAME		İ
STREET ADDRESS 22	71 FIRST ST / STE 25		2.3 STREET ADDRESS		1
CITY-ST-ZIP FT	MYERS FL		2.4 CITY-ST-ZIP		
THILE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME TH	iomspon, steve		3.2 NAME	·	
	49 EVANS AVENUE #208		3.3 STREET ADDRESS		1
CITY-ST-ZIP FT	MYERS FL		3.4. CITY-ST-ZIP		
TITLE D		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME MY	YERS, GEORGE		4. 2 NAME		
STREET ADDRESS 13	38 CHALON SW		4.3 STREET ADDRESS		
CITY-ST-ZIP FT	MYERS FL		4.4 City-St-Zip		
TITLE PC)	DELETE	5.1 TITLE		Change Addition
NAME BE	EAZELL, THORNTON		5.2 NAME		
STREET ADDRESS 12	49 MORNINGSIDE DR		5.3 STREET ADDRESS		
CITY-ST-ZIP FT	MYERS FL		5.4 CITY-ST-ZIP		
TITLE D		DELETE	6.1 TITLE		Change Addition
NAME GF	RISWOLD, EUNICE		6.2 NAME		
	151 OAK HAMMOCK LANE		6.3 STREET ADDRESS		
	ORT MYERS FL		6.4 CITY+ST-ZIP		
1	24 th - 2 N = 1-4	10 A. C. 400	115 A - 41	and in Contine 440 07/2000 Floride Contide	a 1 ft orthography and the c

I do 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 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 on an attachment with an address.