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FILED  
May 15 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N28672 (6)

1. Corporation Name

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

Principal Place of Business

Mailing Address

2256 HEITMAN STREET  
FT MYERS FL 33901  
US

2256 HEITMAN STREET  
FORT MYERS FL 33901-3744  
US



3. Date Incorporated or Qualified  
10/03/1988

3a. Date of Last Report  
07/30/1996

2. Principal Place of Business

21 3949 Evers Ave

Suite, Apt. #, etc.

22 Suite 206

City & State

23 Ft. Myers, FL

Zip

24 33901

Country

25 USA

2a. Mailing Address

26 3949 Evers Avenue

Suite, Apt. #, etc.

27 Suite 206

City & State

28 Ft. Myers FL

Zip

29 33901

Country

30 USA

4. FEI Number  
65-0255191

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LUCREZI, CATHY L  
2256 HEITMAN STREET  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81 Name Stephen D. Thompson

82 Street Address (P.O. Box Number is Not Acceptable)

3949 Evers Avenue

Suite 206

84 City

Ft. Myers

FL

85 Zip Code

33901

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

*Stephen D. Thompson*

5-1-97

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ☐ DELETE  
NAME SEXTON, BETH  
STREET ADDRESS 18 WINEWOOD COURT  
CITY-ST-ZIP FORT MYERS FL

TITLE D ☐ DELETE  
NAME PORTER, T C  
STREET ADDRESS 2271 FIRST ST / STE 25  
CITY-ST-ZIP FT MYERS FL

TITLE P ☐ DELETE  
NAME THOMPSON, STEVE  
STREET ADDRESS 3949 EVANS AVENUE #206  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE  
NAME MYERS, GEORGE  
STREET ADDRESS 1338 CHALON SW  
CITY-ST-ZIP FT MYERS FL

TITLE PD ☐ DELETE  
NAME BEAZELL, THORNTON  
STREET ADDRESS 1249 MORNINGSIDE DR  
CITY-ST-ZIP FT MYERS FL

TITLE D ☐ DELETE  
NAME GRISWOLD, EUNICE  
STREET ADDRESS 14151 OAK HAMMOCK LANE  
CITY-ST-ZIP FORT MYERS FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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, or on an attachment with an address.

SIGNATURE: *Stephen D. Thompson* 5/1/97 941 936 5226  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0055781

CR2E037 (9/96)