


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 91047 041 ****61.25

| | | | | | |
|---|---|---|---|--|--|
| DOCUMENT # N36763 1. Entity Name KIWANIS CLUB OF RIVERDALE-LEE COUNTY, INC. | | | |  | |
| Principal Place of Business ROUTE 80 RESTAURANT 4432 PALM BEACH BLVD. FORT MYERS FL 33905 | | | | Mailing Address % BILLIE NEWELL 991 APRIL LANE NORTH FORT MYERS FL 33903 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address 90 Sandy Wheeler 307 Broadway Ave City & State Lehigh Acres Fl Zip 33972 Country USA | | | |
| City & State | | 4. FEI Number 65-0300371 | | Applied For <input type="checkbox"/> Not Applicable | |
| Zip 33972 Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent NEWELL, BILLIE 991 APRIL LANE NORTH FORT MYERS FL 33903 | | | 7. Name and Address of New Registered Agent Name Kiwanis Club of Riverdale-Lee Co. Inc Street Address (P.O. Box Number is Not Acceptable) % Sandy Wheeler 307 Broadway Ave City Lehigh Acres State FL Zip Code 33972 | | |
| 8. 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. I am familiar with, and accept the obligations of registered agent. | | | | | |
| SIGNATURE <u><i>Sandy Wheeler</i></u> DATE <u>4/05/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make Check Payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | D DALY, ED 1219 BUENA VISTA DRIVE FORT MYERS FL 33903 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | D ZAKANY, ROWEN 3916 VILLMOOR LANE FORT MYERS FL 33919 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | S NEWELL, BILLIE 991 APRIL LANE NORTH FT. MYERS FL 33903 | <input checked="" type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | Wheeler, Sandy | |
| STREET ADDRESS | | | STREET ADDRESS | 307 Broadway Ave | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | Lehigh Acres, FL 33972 | |
| TITLE | T SHORT, CATHY 907 SE 32ND STREET CAPE CORAL FL 33904 | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| TITLE | P CHRISTENSEN, MICH 13635 RIVER FOREST DRIVE FORT MYERS FL 33905 | <input type="checkbox"/> Delete | TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | Terry Short | |
| STREET ADDRESS | | | STREET ADDRESS | 2207 Santiago | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | FT Myers, 33905 | |
| TITLE | | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: <u><i>Sandy Wheeler</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | Date <u>4/5/04</u> Daytime Phone # <u>239 369 6881</u> | | |