

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Sep 10, 1999 8:00 am  
Secretary of State

09-10-1999 90008 037 \*\*\*\*61.25

DOCUMENT # N48381

Corporation Name

KIWANIS CLUB OF FORT MYERS, FLORIDA - PALM CITY,  
INC.

Principal Place of Business

2235 KATHERINE ST.  
FT MYERS FL 33901  
US

Mailing Address

2235 KATHERINE ST.  
FT MYERS FL 33901  
US



Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04/10/1992	
City & State		City & State		4. FEI Number	
Zip		Zip		65-0327687	
Country		Country		Applied For	
25		29		Not Applicable	
26		27		5. Certificate of Status Desired	
28		30		<input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				<input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

SMITH, LINDA M.  
2235 KATHERINE ST.  
FT MYERS FL 33901

10. Name and Address of New Registered Agent

81	Name	Linda M. Smith	
82	Street Address (P.O. Box Number is Not Acceptable)	2235 Katherine St	
83	City	Fort Myers	
84	State	FL	85 Zip Code
			33901

I, 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

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	
LE	PD SMITH, LINDA M 342 SE 47TH ST CAPE CORAL FL 33904	1.1 TITLE	RAINER FRA 874 BETHANY CT. FORT MYERS, FL 33919
ME		1.2 NAME	
REET ADDRESS		1.3 STREET ADDRESS	
Y-ST-ZIP		1.4 CITY-ST-ZIP	
LE	VD WEINLAUF, SEYMOUR 8441 YORKSHIRE FT MYERS FL 33919	2.1 TITLE	NORMA BIEGGE 5629 6TH AVE FORT MYERS, FL 33907
ME		2.2 NAME	
REET ADDRESS		2.3 STREET ADDRESS	
Y-ST-ZIP		2.4 CITY-ST-ZIP	
LE	SD BRACE, BRAUFORT R 5629 SIXTH AVE FT. MYERS FL	3.1 TITLE	LINDA SMITH 2235 KATHERINE ST FORT MYERS, FL 33901
ME		3.2 NAME	
REET ADDRESS		3.3 STREET ADDRESS	
Y-ST-ZIP		3.4 CITY-ST-ZIP	
LE	TD PETERS, LINDA S 17235 CASTLEVIEW DRIVE N. FT. MYERS FL 33917	4.1 TITLE	De VERA WEINLAUF 342 S.E. 47TH ST. CAPE CORAL, FL 33904
ME		4.2 NAME	
REET ADDRESS		4.3 STREET ADDRESS	
Y-ST-ZIP		4.4 CITY-ST-ZIP	
LE		5.1 TITLE	
ME		5.2 NAME	
REET ADDRESS		5.3 STREET ADDRESS	
Y-ST-ZIP		5.4 CITY-ST-ZIP	
LE		6.1 TITLE	
ME		6.2 NAME	
REET ADDRESS		6.3 STREET ADDRESS	
Y-ST-ZIP		6.4 CITY-ST-ZIP	

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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-24-99

Date

941-543-3440

Daytime Phone #

CR2E037 (5/99)