

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49772**

1. Entity Name  
**FORT MYERS KIWANIS CLUB, INCORPORATED**



**Principal Place of Business**

**THE KIWANIS HOUSE  
1630 WOODFORD AVE.  
FT. MYERS, FL 33901 US**

**Mailing Address**

**POST OFFICE BOX 1498  
FORT MYERS, FL 33902**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**59-6134241**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**LANGGUTH, GEORGE  
5545 BENCHMARK LANE  
SANFORD, FL 32773-8116**

**DO NOT WRITE  
IN THIS SPACE**

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**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**P  
COTE, RICK  
3461 POINTE CREEK CT #300  
BONITA SPRINGS, FL 34134**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**T  
MAYE, JEAN  
702 PAMELA DR  
PUNTA GORDA, FL 33950**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**S  
ANDREWS, JEFFREY L  
1207 SW 53RD ST  
CAPE CORAL, FL 33914**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

000000010681  
01/23/04-80007-009 61.25

**DO NOT WRITE  
IN THIS SPACE**

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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/04

Date

239-939-2233

Daytime Phone #