## 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N49772

FILED Jul 25, 2007 Secretary of State

Entity Name: FORT MYERS KIWANIS CLUB, INCORPORATED

Current Principal Place of Business: New Principal Place of Business:

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

Current Mailing Address: New Mailing Address:

POST OFFICE BOX 1498 FORT MYERS, FL 33902

FEI Number: 59-6134241 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANGGUTH, GEORGE MCNEILL, MICHELE S
5545 BENCHMARK LANE 6490 MAYTREE CIRCLE
SANFORD, FL 327738116 US FORT MYERS, FL 33905 US

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.

SIGNATURE: MICHELE S. MCNEILL 07/25/2007

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition Name: SHIRK, MACHELLE Name: SHARMA, DINESH

 Address:
 501 SE 21ST TERR
 Address:
 PO BOX 1498

 City-St-Zip:
 CAPE CORAL, FL 33990
 City-St-Zip:
 FORT MYERS, FL 33902

Title: T ( ) Delete Title: T (X) Change ( ) Addition

 Name:
 MCNEILL-DESPOT, MICHELE
 Name:
 MCNEILL, MICHELE

 Address:
 6490 MAYTREE CIRCLE
 Address:
 PO BOX 1498

 City-St-Zip:
 FORT MYERS, FL 33905
 City-St-Zip:
 FORT MYERS, FL 33902

Title: S () Delete Title: S (X) Change () Addition

Name: SEGEL, BARBARA L Name: SEGEL, BARBARA L Address: 2049 MARAVILLA CIRCLE Address: PO BOX 1498

City-St-Zip: FORT MYERS, FL 33901 City-St-Zip: FORT MYERS, FL 33902

Title: ( ) Delete Title: VP ( ) Change (X) Addition

Name: Name: HARKNESS, JÓSHUA Address: Address: PO BOX 1498

City-St-Zip: City-St-Zip: FORT MYERS, FL 33902

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHELE S. MCNEILL T 07/25/2007