## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996

SIGNATURE:

DIVISION OF CORPORATIONS

| DOCUM<br>1. Corporation N<br>KIWANIS                          |   | 0005646 (3<br>:s-sundowners, II   |  |   |  |
|---|---|---|--|---|--|
| Principal Place of  | Business  | Mailing Address   |  | T INDIES OF DISTRIBUTE OF STREET  | Saite Meite Maite detid Atter Bette dett iffet   |
| 31 CLAYTON AVENUE<br>LEHIGH ACRES FL 33936                    |   | 31 CLAYTON AVENUE<br>LEHIGH ACRES FL 33936  |  |   |  |
|   |   |   |  | 3. Date Incorporated or Qualified 11/27/1995  | 3a. Date of Last Report  |
| 2. Principal Piace  | e of Business   | 2a. Mailing Address<br>26   |  | 4. FEI Number applied for   | Applied For Not Applicable   |
| Suite, Apt. #, etc.   |   | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required   |
| City & State  |   | City & State  |  | Election Campaign Financing     Tourt Fund Contribution                             | \$5.00 May Be<br>Added to Fees   |
| 23  | Country   | <b>28</b> Ζιρ   | Country  | Trust Fund Contribution  8. This corporation has liability for                      |  |
| Zip<br><b>24</b>  | Country 25  | 29  | 30   | Florida Statutes  | Yes 🗓 No   |
| 24]   | 9. Name and Address of Curre  |   | 81 Name  | 10. Name and Address of New I   | Registered Agent   |
| NORTHRUP, IRENE<br>31 CLAYTON AVENUE<br>LEHIGH ACRES FL 33936 |   |   | 82 Street Addi<br>1502<br>83<br>84 City  | iamson, Kevin ress (P.O. Box Number is Not Acceptal Canal Street                    | FL 85 Zip Code 33936   |
| or registere<br>familiar with<br>SIGNATURE                    | d agent, of the obligations of agent the obligations of agent the obligations of agent the obligations agent the obligations agent the obligation agent the | 617,0503, Florida Statu   | totes, the advertained of the corporation's boates.  Keep Milliam (NOTE Progistared Agent signature regime)  13. | amson A   | urpose of changing its registered office pointment as registered agent. I am pril 26, 1996  DATE HICFRS AND DIFFECTORS IN 12 |
| 12.   | PO OFFICERS AI  | DELETE  | 1.1 TITLE  |   | Change Addition  |
| TITLE<br>NAME   | SONENBURG, WILLIS   | _   | 1.2 NAME   |   |  |
| STREET ADDRESS  | 406 ROBERT AVENUE   |   | 1 3 STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | LEHIGH ACRES FL 33936   | <b>∑</b> DELETE   | 1.4 CITY · ST - ZIP<br>2.1 TITLE   | Kevin Williamson  | VD Change X Addition   |
| TITLE   | KOCHANEK, WALTER  | KI BEEFFE   |  | 1502 Canal Street   | ,-   |
| NAME<br>STREET ADDRESS  | 708 WILLOW DRIVE  |   |  | Lehigh Acres FL 339   | 36   |
| CITY-ST-ZIP   | LEHIGH ACRES FL 33936   |   | 2 4 CITY - ST - ZIP  |   | ☐ Change 💢 Addition  |
| TITLE   | 50  | <b>₹</b> ] DELETE   | 3 1 TITLE  | SD  | Change X Addition  |
| NAME  | NORTHRUP, IRENE<br>31 CLAYTON AVENUE  |   | 3 2 NAME<br>3 3 STREET ADDRESS   | Barbara Rentfrow  |  |
| STREET ADDRESS  | LEHIGH ACRES FL 33936   |   | 3.4. City - St - ZiP   | 421 Monroe Avenue<br>Lehigh Acres FL 339  | 36   |
| CITY-ST-ZIP   | TD  | X DELETE  | 41 TITLE   | TD  | Change Addition  |
| NAME  | VEGA, NANCY   |   | 4. 2 NAME  | Nancy Williamson  |  |
| STREET ADDRESS  | 1117 RUSHMORE AVENUE  | <b>S</b> .  | 4.3 STHEET ADDRESS   | 1502 Canal Street<br>Lehigh Acres FL 339  | 36   |
| CITY-ST-ZIP   | LEHIGH ACRES FL 33936   | - Dec. syc  | 4.4 CITY-ST-ZIP  | rentan weign tr 223   | Change Addition  |
| TITLE   | D FLYANG IAMES  | DELETE  | 5.1 TITLE<br>5.2 NAME  | 2000019   | <u> </u>   |
| NAME  | EVANS, JAMES<br>815 SHELDON AVENUE  |   | 5.2 NAMC<br>5.3 STREET ADDRESS   | 2000018<br>-05/13/9601  | 1020002  |
| STREET ADDRESS  | LEHIGH ACRES FL 33936   |   | 54 City-St-ZIP   | ***61.25  |  |
| CITY-ST-ZIP<br>TITLE  | D   | DELETE  | 61 TITLE   |   | Change \ D. Adpton   |
| NAME  | HARRIOTT, ARTHUR  | _   | 6.2 NAME   |   | 70-  |
| STREET ADDRESS  | 1124 RUSHMORE AVENUE  | <b>. S</b> .  | 63 STREET ADDRESS  |   | - ( <del>+</del>   |
| CITY-ST-ZIP   | LEHIGH ACRES FL 33936   |   | 64 CITY-ST-ZIP   | y for the exemption stated in Section 1<br>trate and that my signature shall have t | 19.07(3)(k), Florida Statutes. I further   |
| certify that  | by certify that the information supplie<br>t the information indicated on this a<br>I am an officer or director of the co<br>I Block 12 or Block 13 if manged,  | influal report of supplemental or poration or the receiver or troop or on an attackment with an | ustee empowered to execute t   | this report as required by Chapter 617,   | the same legal effect as if made under , Florida Statutes; and that my name  |

Keun Willamson