

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000004640 (6)

1. Corporation Name

KIWANIS CLUB OF MCGREGOR-SAN CARLOS, FORT MYERS,  
FLORIDA, INC.

Principal Place of Business

Mailing Address

9800 HEALTHPARK CIR  
SUITE 410  
FT MYERS FL 339089800 HEALTHPARK CIR  
SUITE 410  
FT MYERS FL 33908-36303. Date Incorporated or Qualified  
09/03/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 7217 Coca Sabal Lane

26 7217 Coca Sabal Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Fort Myers, FL

28 Fort Myers, FL

Zip Country

Zip Country

24 33908

25

29 33908

30

4. FEI Number

65-0703633

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NETSCH, ELIZABETH  
9800 HEALTHPARK CIR  
SUITE 410  
FT MYERS FL 33908

81 Name

Peckham, Linda

82 Street Address (P.O. Box Number is Not Acceptable)

7217 Coca Sabal Lane

83

84 City

Fort Myers

FL

85 Zip Code  
33908

11. 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: Linda Peckham

(NOTE: Registered Agent signature required when reinstating)

DATE

1-28-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME GAVIN, LARRY  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339081.1 TITLE D ☒ Change ☐ Addition  
1.2 NAME Gavin, Larry  
1.3 STREET ADDRESS 859 Hatchee Vista Lane  
1.4 CITY-ST-ZIP Fort Myers, FL 33919TITLE D ☒ DELETE  
NAME HART, LARRY  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339082.1 TITLE T/D ☐ Change ☒ Addition  
2.2 NAME Sutton, Carol  
2.3 STREET ADDRESS 2360 Ivy Avenue  
2.4 CITY-ST-ZIP Fort Myers, FL 33907TITLE D ☒ DELETE  
NAME NETSCH, ELIZABETH  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339083.1 TITLE S/D ☐ Change ☒ Addition  
3.2 NAME Manette, Debra  
3.3 STREET ADDRESS 4633 Siesta Circle  
3.4 CITY-ST-ZIP Fort Myers, FL 33901TITLE D ☒ DELETE  
NAME ROTH, JOSEPH  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339084.1 TITLE D ☐ Change ☒ Addition  
4.2 NAME Rogers, Dorrie  
4.3 STREET ADDRESS 7225 Maida Lane #8A  
4.4 CITY-ST-ZIP Fort Myers, FL 33908TITLE P ☒ DELETE  
NAME PECKHAM, DON  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339085.1 TITLE D ☐ Change ☒ Addition  
5.2 NAME Lalor, Lois  
5.3 STREET ADDRESS P.O. Box 08628  
5.4 CITY-ST-ZIP Fort Myers, FL 33908TITLE V ☒ DELETE  
NAME BAUER, GRACE  
STREET ADDRESS 9800 HEALTHPARK CIR  
CITY-ST-ZIP FT MYERS FL 339086.1 TITLE P/D ☐ Change ☒ Addition  
6.2 NAME Peckham, Linda  
6.3 STREET ADDRESS 7217 Coca Sabal Lane  
6.4 CITY-ST-ZIP Fort Myers, FL 33908

14. I do 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.

SIGNATURE: Linda Peckham

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0056413

CR2E037 (9/96)