

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000006170
1. Corporation Name
Kiwanis Club of Bonita Springs
Florida, Inc.

97 OCT -9 AM 12:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
528 Retreat Dr., #104
Bonita Springs, FL 33923

3. Date Incorporated or Qualified 12-2-96	3a. Date of Last Report N/A
4. FEI Number 65-0758777	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
Robert W. McClure, Esq.
White & McClure, P.A.
5121 Castello Dr., Suite 2
Naples, FL 34103

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	President/Director
STREET ADDRESS	Gerald R. R. Homan
CITY-ST-ZIP	528 Retreat Dr. #104 Bonita Springs, FL 33923
TITLE	<input type="checkbox"/> DELETE
NAME	Secretary/Director
STREET ADDRESS	Robert W. McClure
CITY-ST-ZIP	25040 Goldcrest Dr. Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE
NAME	Treasurer/Director
STREET ADDRESS	Robert A. Fiedler
CITY-ST-ZIP	24718 Lakemont Cove Lane, #101 Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE
NAME	Paul Foreman - Director
STREET ADDRESS	263 6th St. W.
CITY-ST-ZIP	Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	Martha Jane Bredem
CITY-ST-ZIP	4702 Swardbest St. Bonita Springs, FL 34134
TITLE	<input type="checkbox"/> DELETE
NAME	Director
STREET ADDRESS	Dorothy L. Stenberger
CITY-ST-ZIP	11362 S. Carolina Dr. Bonita Springs, FL 34135

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	400002320624-2
2.3 STREET ADDRESS	-10/15/97-01041-016
2.4 CITY-ST-ZIP	*****61.25 *****61.25
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Robert W. McClure Secretary 9-6-97 941/649-7777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)