

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **722813** (3)  
1. Corporation Name  
**WEST BROWARD-PLANTATION KIWANIS FOUNDATION, INC.**



Principal Place of Business: P. O. BOX 19125, PLANTATION FL 33318, US  
Mailing Address: P. O. BOX 19125, PLANTATION FL 33317, US

3. Date Incorporated or Qualified: **03/02/1972**  
3a. Date of Last Report: **05/01/1995**  
4. FEI Number: **23-7160768**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)  
9. Name and Address of Current Registered Agent (29-30)

SEIP, CHARLES F.  
4661 SW 128 AVE  
FT. LAUDERDALE FL 33330

10. Name and Address of New Registered Agent (81-85)  
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 re-registering) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SAGER, JEFFREY</b>	1.2 NAME	<b>Eugene Stover</b>
STREET ADDRESS	<b>9620 NW 10 COURT</b>	1.3 STREET ADDRESS	<b>4361 Country Club Circle</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	<b>PLANTATION, FL 33317</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NARGI, RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>8741 N. LAKE DASHA DRIVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>THOMAS, HERB</b>	3.2 NAME	
STREET ADDRESS	<b>6751 CYPRESS RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BALDWIN, CLARK</b>	4.2 NAME	<b>Thomas McCormick</b>
STREET ADDRESS	<b>641 NW 65 AVE</b>	4.3 STREET ADDRESS	<b>6412 NW 72 Ave</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	4.4 CITY-ST-ZIP	<b>TAMARAC, FL 33321</b>
TITLE	<b>T</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEIP, CHARLES F.</b>	5.2 NAME	<b>THAI JARVIS</b>
STREET ADDRESS	<b>4661 SW 128 AVE</b>	5.3 STREET ADDRESS	<b>2715 NE 23 CT.,</b>
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	5.4 CITY-ST-ZIP	<b>Pompano Beach, FL 33062</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PUDNEY, ROBERT</b>	6.2 NAME	
STREET ADDRESS	<b>5620 SW 4 COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PLANTATION FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: R.S. Pudney R.S. Pudney 1/17/96 581-0926  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)