


FILE NOW: FILING FEE IS \$61.25

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Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33318-0125 US
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3. Date Incorporated or Qualified 03/02/1972	3a. Date of Last Report 01/31/1996
4. FEI Number 23-7160768	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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 Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent SEIP, CHARLES F. 4661 SW 128 AVE FT. LAUDERDALE FL 33330	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
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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 NAME STREET ADDRESS CITY-ST-ZIP	VSTONER STOWER, EUGENE 4361 COUNTRY CLUB CIRCLE PLANTATION FL <i>STONER</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NARGI, RONALD 8741 N. LAKE DASHA DRIVE PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMAS, HERB 6751 CYPRESS RD PLANTATION FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCORMICK, THOMAS 6412 N.W. 72ND AVE. TAMARAC FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HAL, JARVIS 2715 N.W. 23RD CT. POMPANO BEACH FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PUDNEY, ROBERT 5620 SW 4 COURT PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	A <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Sam Rodgers 2440 Deer Cr. Club Dr. C-203 Deerfield, FL 33442 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Pudney* **Robert Pudney** 1/17/97 954-581-0926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # (area code)

CR2E037 (9/96)