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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 722813

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 5 1 2 7 8
 351278-90073-4



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

03/02/1972

4. FEI Number

23-7160768

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SEIP, CHARLES F.
 4681 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

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE

NAME: STONER, EUGENE
 STREET ADDRESS: 4361 COUNTRY CLUB CR
 CITY-ST-ZIP: PLANTATION FL 33317

TITLE DELETE

NAME: HAWKINS, TIMOTHY
 STREET ADDRESS: 6800 PLANTATION RD
 CITY-ST-ZIP: PLANTATION FL 33317

TITLE DELETE

NAME: RODGERS, SAM
 STREET ADDRESS: 2440 DEER CREEK CLUB DRIVE, C-203
 CITY-ST-ZIP: DEERFIELD FL 33442

TITLE DELETE

NAME: MCCORMICK, THOMAS
 STREET ADDRESS: 6412 N.W. 72ND AVE.
 CITY-ST-ZIP: TAMARAC FL

TITLE DELETE

NAME: QUITHER, MARVIN
 STREET ADDRESS: 1351 SW 69TH AVENUE
 CITY-ST-ZIP: PLANTATION FL 33317

TITLE DELETE

NAME: PUDNEY, ROBERT
 STREET ADDRESS: 5620 SW 4 COURT
 CITY-ST-ZIP: PLANTATION FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME: PRES / DIR HAWKINS TIMOTHY
 2.3 STREET ADDRESS: 6500 PLANTATION RD
 2.4 CITY-ST-ZIP: PLANTATION FL 33317

3.1 TITLE Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME: TREASURER / DIR MCGONIGLE, JAMES T.
 5.3 STREET ADDRESS: 6221 BANYAN TERR
 5.4 CITY-ST-ZIP: PLAN FL 33317

6.1 TITLE Change Addition

6.2 NAME: SEC ID DONALD RODWIN
 6.3 STREET ADDRESS: 9701 599 Turtle Dr
 6.4 CITY-ST-ZIP: PLANTATION 33324

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4-10-99

954-583-666

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037..(11/98)