

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 # **734606** (7)

1. Corporation Name

KIWANIS CLUB OF MARGATE, FLORIDA, INC.



Principal Place of Business

Mailing Address

C/O ELIOT BADER
6100 WARANNE BLVD.
MARGATE FL 33063

C/O ELIOT BADER
6100 WARANNE BLVD.
MARGATE FL 33063

3. Date Incorporated or Qualified
12/16/1975

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

23-7447288

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**

8. 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

**BADER, ELIOT
6100 WEST ATLANTIC BLVD.
MARGATE FL 33063**

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)

2-26-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME **EVANS, MICHAEL**
STREET ADDRESS **1693 NW 97TH AVE.**
CITY-ST-ZIP **CORAL SPRINGS FL 33071**

1.1 TITLE **PRES.** ☒ Change ☐ Addition
1.2 NAME **BADER, ELIOT**
1.3 STREET ADDRESS **6100 W ATLANTIC BLVD**
1.4 CITY-ST-ZIP **MARGATE FL 33063**

TITLE PD ☐ DELETE
NAME **BADER, ELIOT**
STREET ADDRESS **6100 W ATLANTIC BLVD.**
CITY-ST-ZIP **MARGATE FL 33063**

2.1 TITLE **V: PRES** ☒ Change ☐ Addition
2.2 NAME **ANDREW MORAFADES**
2.3 STREET ADDRESS **7101 W. MC NAB RD #201**
2.4 CITY-ST-ZIP **TAMARAC FL 33321**

TITLE TD ☐ DELETE
NAME **CUMMIS, CARL**
STREET ADDRESS **10980 LAKEFRONT PLACE**
CITY-ST-ZIP **BOCA RATON FL 33498**

3.1 TITLE **TREAS.** ☐ Change ☐ Addition
3.2 NAME **CARL CUMMIS**
3.3 STREET ADDRESS **10980 LAKEFRONT PL**
3.4 CITY-ST-ZIP **BOCA RATON FL 33498**

TITLE SD ☒ DELETE
NAME **VERSIL, CRAIG**
STREET ADDRESS **4720 NW 30 ST.**
CITY-ST-ZIP **TAMARAC FL 33319**

4.1 TITLE **SECR.** ☒ Change ☐ Addition
4.2 NAME **ALBERT SCHER**
4.3 STREET ADDRESS **7837 GOLF CIRCLE DR**
4.4 CITY-ST-ZIP **MARGATE FL 33063**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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 attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELIOT M BADER

2-26-96

DATE

3059712399

DAYTIME PHONE #

CR2E037 (12/95)