

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 734606 1. Corporation Name KIWANIS CLUB OF MARGATE FLORIDA, INC			
Principal Place of Business CUMMIS, CARL		Mailing Address 10980 LAKEFRONT PLACE BOCA RATON, FL 33498	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified		3a. Date of Last Report 03/19/96	
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	
		81 Name CARL CUMMIS	
		82 Street Address (P.O. Box Number is Not Acceptable) 10980 LAKEFRONT PLACE	
		83 BOCA RATON	
		84 City FL 85 Zip Code 33498	
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 <i>Carl Cummis</i> CARL CUMMIS		DATE 4/8/97	
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD ☒ DELETE NAME ELIOT BADER STREET ADDRESS 6100 ATLANTIC BLVD CITY-ST-ZIP MARGATE, FLORIDA 33063		11 TITLE PD ☒ Change ☐ Addition 12 NAME CARL CUMMIS 13 STREET ADDRESS 10980 LAKEFRONT PLACE 14 CITY-ST-ZIP BOCA RATON, FLORIDA 33498	
TITLE VPD ☒ DELETE NAME ANDREW MORAFATES STREET ADDRESS 7101 W McNAB RD #201 CITY-ST-ZIP TAMARAC, FLORIDA 33321		21 TITLE VPD ☒ Change ☐ Addition 22 NAME WARREN TRUBOW 23 STREET ADDRESS 7867 GOLF CIRCLE DRIVE 24 CITY-ST-ZIP MARGATE, FLORIDA 33063	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE TD ☐ Change ☐ Addition 32 NAME CARL CUMMIS 33 STREET ADDRESS 10980 LAKEFRONT PLACE 34 CITY-ST-ZIP BOCA RATON, FLORIDA 33498	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE SD ☐ Change ☐ Addition 42 NAME ALBERT SCHER # 203-E 43 STREET ADDRESS 7837 GOLF CIRCLE DRIVE 44 CITY-ST-ZIP MARGATE, FLORIDA 33063	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE ☐ Change ☐ Addition 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE ☐ DELETE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE ☐ Change ☐ Addition 62 NAME 8000002144388 63 STREET ADDRESS -04/16/97--01003--043 64 CITY-ST-ZIP ***61.25	
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: <i>Carl Cummis</i> CARL CUMMIS		DATE 4/8/97 DAYTIME PHONE # 487-2280	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR2E037 (9/96)

4/15/97