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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N03777**

1. Corporation Name
KIWANIS CLUB OF DAVIE, INC.

Principal Place of Business	Mailing Address
3210 ROSEWOOD COURT DAVIE FL 33328 US	3210 ROSEWOOD COURT DAVIE FL 33328 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/19/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-6168816 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAAS, MARY L 3210 ROSEWOOD COURT DAVIE FL 33328	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 MARY HAAS 1-5-99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	OLDHAM, ROBERT		1.2 NAME	
STREET ADDRESS	3100 S.W. 133RD TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL		1.4 CITY-ST-ZIP	
TITLE	DT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	HAAS, ~~MARK~~ MARY		2.2 NAME	
STREET ADDRESS	3210 ROSEWOOD COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33328		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	KOVAC, HARRY		3.2 NAME	
STREET ADDRESS	2776 DAVIE RD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314		3.4 CITY-ST-ZIP	
TITLE	DP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ARNOLD, WAYNE		4.2 NAME	
STREET ADDRESS	13001 S.W. 14 PLACE		4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33325		4.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	WACHTSTETTER, JAMES		5.2 NAME	
STREET ADDRESS	5020 S.W. 7TH LANE		5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33314		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	TAYLOR, HAROLD		6.2 NAME	
STREET ADDRESS	2921 S.W. 116 AVENUE		6.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL 33330		6.4 CITY-ST-ZIP	

CR2E037 (11/98)

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: MA SIGNATURE REQUIRED 1-5-99 954-475-1360
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #