FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:05

DOCUMENT # N21825 (7)

1. Corporation Name

THE WESTSIDE, WEST PALM BEACH KIWANIS CLUB FOUNDATION, INC.

Principal Place of Business	Mailing Address
1750 N FLA MANGO RD #301 WEST PALM BEACH FL 33409	1750 N FLA MANGO RD #301 WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-6197137 — Applied For / Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
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
KAROSAS, RAYMOND 1750 N FLA MANGO RD #301 W PALM BCH FL 33409	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Pres' PD — ☒ Change ☐ Addition
NAME	GARNER, SANDI	1.2 NAME	Kautz, Ray
STREET ADDRESS	5912 STRAWBERRY LAKES	1.3 STREET ADDRESS	1860 Forest Hill Blvd.
CITY ST ZIP	LAKE WORTH FL	1.4 CITY ST ZIP	WPB, FL 33406
TITLE	SD	2.1 TITLE	VPD — ☒ Change ☐ Addition
NAME	KAROSAS, RAYMOND	2.2 NAME	McEldowney, Debbie
STREET ADDRESS	1750 N FLA MANGO RD #301	2.3 STREET ADDRESS	1750 N. Florida Mango
CITY ST ZIP	W PALM BCH FL	2.4 CITY ST ZIP	WPB FL 33409
TITLE	VPD	3.1 TITLE	sec. SD — ☒ Change ☐ Addition
NAME	BARNES, GINGER	3.2 NAME	Johnson, Barbara
STREET ADDRESS	13 ASPEN CT.	3.3 STREET ADDRESS	1900 W. 23rd St.
CITY ST ZIP	BOYNTON BCH. FL	3.4 CITY ST ZIP	Riviera Beach 33404
TITLE	TD	4.1 TITLE	TD — ☒ Change ☐ Addition
NAME	MCWELDOWNEY, DEBORAH	4.2 NAME	Brandenburg, Clem
STREET ADDRESS	400 ROME DR., E218	4.3 STREET ADDRESS	2000 Palm Beach Lakes, #800
CITY ST ZIP	PALM SPRINGS FL	4.4 CITY ST ZIP	WPB 33409
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 an attachment with an address.

SIGNATURE: Clem Brandenburg — 4/27/95 — 407-686-4742

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0049270