FILE NOW: FILING FEE IS $61.25

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Apr 10 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 # 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

3. Date Incorporated or Qualified: 07/31/1987
3a. Date of Last Report: 03/30/1996

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

4. FEI Number: 59-6197137 ☐ 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

MCELDOWNEY, DEBBIE
1750 N FLA MANGO RD #301
W PALM BCH FL 33409

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 Debby McEldowney
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	PD	☒ DELETE	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	JOHNSON, GINGER		1.2 NAME	Hal Farance	
STREET ADDRESS	852 BLUE RIDGE CIRCLE		1.3 STREET ADDRESS	1144 Wynnewood Dr.	
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCELDOWNEY, DEBBIE		2.2 NAME		
STREET ADDRESS	1750 N FLORIDA MANGO ROAD		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	HOUSEMAN, LORI		3.2 NAME	Patricia Jason	
STREET ADDRESS	931 VILLAGE BOULEVARD, SUITE 905-413		3.3 STREET ADDRESS	7922 Coral St.	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	Lantana, FL 33462	
TITLE	VPD	☐ DELETE	4.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRANDENBURG, CLEM JR		4.2 NAME		
STREET ADDRESS	2000 PALM BEACH LAKES SUITE 800		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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.