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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

4. FEI Number: 59-6197137 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

Suite, Apt. #, etc. (22)

City & State (23)

Zip (24) Country (25)

2a. Mailing Address (26)

Suite, Apt. #, etc. (27)

City & State (28)

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

MCELDOWNEY, DEBBIE
~~1750 N FLA MANGO RD #301~~ 8554 White Egret Way
~~W PALM BCH FL 33409~~ Lake Worth, FL 33467

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 _____ DATE
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	~~VP~~ PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FARANCZ, HAL		1.2 NAME		
STREET ADDRESS	1144 WYNNEWOOD DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MCELDOWNEY, DEBBIE 8554 White Egret Way		2.2 NAME		
STREET ADDRESS	~~1750 N FLORIDA MANGO ROAD~~		2.3 STREET ADDRESS		
CITY-ST-ZIP	~~WEST PALM BEACH FL~~ Lake Worth, FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	~~JASON, PATRICIA~~ Barbara Johnson		3.2 NAME		
STREET ADDRESS	~~7022 CORAL ST~~ 1900 W 23rd St.		3.3 STREET ADDRESS		
CITY-ST-ZIP	~~LANTANA FL~~ Riviera Bch, FL		3.4 CITY-ST-ZIP		
TITLE	~~SD~~	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	~~BRANDENBURG, CLEM JR~~		4.2 NAME		
STREET ADDRESS	~~3000 PALM BEACH LAKES SUITE 800~~		4.3 STREET ADDRESS		
CITY-ST-ZIP	~~WEST PALM BEACH FL~~		4.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	Dolores Korf		5.2 NAME		
STREET ADDRESS	3701-B SAVOY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL		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 (10/97)

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.

SIGNATURE: [illegible] 1-20-98 561-439-9488