

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 AM 9:25

DOCUMENT # **N41342 (9)**
1. Corporation Name
THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.

Principal Place of Business Mailing Address
P.O. BOX 4144 TEQUESTA FL 33469 **P.O. BOX 4144 TEQUESTA FL 33469**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/17/1990** 3a. Date of Last Report **04/26/1994**

4. FEI Number **65-0242960** 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**

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

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

9. Name and Address of Current Registered Agent
FROST, JIM
900 E. INDIANTOWN RD.
#309
JUPITER FL 33477

10. Name and Address of New Registered Agent
81 Name **Andrew Paciocco**
82 Street Address (P.O. Box Number is Not Acceptable)
339 Kelsey Park Circle
83
84 City **Palm Beach Gardens** FL 85 Zip Code **33410**

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 *Andrew Paciocco* DATE **5/1/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when remaining)

12. OFFICERS AND DIRECTORS

TITLE	T
NAME	KEELOR, MARY
STREET ADDRESS	4360 N LAKE BLVD #209
CITY - ST - ZIP	PALM BCH GRDNS FL
TITLE	VP
NAME	HERCHEN, PAUL
STREET ADDRESS	139 JUPITER ST.
CITY - ST - ZIP	JUPITER FL
TITLE	P
NAME	FROST, JIM
STREET ADDRESS	900 E INDIANTOWN RD #309
CITY - ST - ZIP	JUPITER FL
TITLE	VP
NAME	PHILLIPS, MIKE
STREET ADDRESS	250 TEQUESTA DR.
CITY - ST - ZIP	TEQUESTA FL
TITLE	S
NAME	WERNER, HOWARD
STREET ADDRESS	522 EASTWIND DR.
CITY - ST - ZIP	N PALM BEACH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Paul Herchen (D)
13 STREET ADDRESS	194 Turtle Creek Drive
14 CITY - ST - ZIP	Tequesta, FL 33469
21 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Howard Werner (D)
23 STREET ADDRESS	536 Eastwind Drive #6
24 CITY - ST - ZIP	North Palm Beach, FL 33408
31 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	Mike Phillips (D)
33 STREET ADDRESS	17982 Anchor Drive
34 CITY - ST - ZIP	Jupiter, FL 33469
41 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	Andrew Paciocco (D)
43 STREET ADDRESS	339 Kelsey Park Circle
44 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
51 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	Rick Bart (D)
53 STREET ADDRESS	6254 Michael Street
54 CITY - ST - ZIP	Palm Beach Gardens, FL 33418
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(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: *Andrew Paciocco* DATE **5/1/95** TELEPHONE # **407-747-4003**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)
Andrew Paciocco/Treasurer