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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

STREET ADDRESS City-St-Zip

SIGNATURE:

DOCUMENT # N41342

(9)

THE JUDITER-TECHESTA KIWANIS FOUNDATION, INC.

	IPITEM-TEQUESTA KIWANI	o roombation, inc.			
Principal Place	of Business	Mailing Address		t (001) 101 011 010 110 01 (1111 01	410 1181 4181: 01011 41011 FIGUS #1811 AIGH 1981
P.O. BOX 414 TEQUESTA FI		P.O. BOX 4144 TEQUESTA FL 33469			
				3. Date Incorporated or Qualified 12/17/1990	3a. Date of Last Report 05/01/1995
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number 65-0242960	Applied For
21		26		03 0242300	Not Applicable
Suite, Apt. :	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	<u> </u>	City & State		6. Election Campaign Financing	\$5.00 May Be
23	,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	or intangible tax under s. 199.032,
24	25		30	Florida Statutes	Yes No
	9. Name and Address of Curre	nt Registered Agent	81 Name #	10. Name and Address of New	
PACIOCI	CO ANDOEW		Name Z	FARL K. MALLO	ny
PACIOCCO, ANDREW 339 KELSEY PARK CIRCLE			82 Street A	ddress (P.O. Box Number is Not Accept	SPATIONAL ZIAD
#309 B3			S WELL STOP	<i>ууустоо</i>	
	BAHC GARDENS FL 33410		20	11TE/03	
			84 City 72	WIER	FL 85 Zip Code 73 45 8
11. Pursuant t	to the <u>provisions of Sections 617.050</u>	2 and 617.1508, Florida Statutes,	the above-named com	poration submits this statement for the p	ourpose of changing its registered office
or register familiar wit	ed agent, or both, in the state of hor th, and accept, the obligations of Sec	tion 617.0503, Florida Statutes.	by the corporation's b	oard of directors. I hereby accept the ap	ppointment as registered agent. Fami
SIGNATURE		Foull.	Mallon		96 DATE
12.		nt and title if applicable (NOTE: F ND DIRECTORS	Registered Agent signature req		FRICERS AND DIRECTORS IN 12
TOLE	PD	DELETE	1.1 TIFLE	ACATION OF STREET TO C	Change Addition
NAME	HERCHEN, PAUL		1.2 NAME		• •
STREET ADDRESS	AND THIRTHE AMERICAN		1.2 INMINIC	HOWARD WER	NER _ A/
	194 TURTLE CREEK DR		1.3 STREET ADDRESS	HOWARD WER	11.Ja DN.#46
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6.3 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily turnished 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 point 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 trusted expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes from an artischment with an address.

SCHATGRE AND TYPES OR PRINTER NAME OF SORING OFFICER OR DIRECTOR