


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Oct 07 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

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



Principal Place of Business <b>P.O. BOX 4144 TEQUESTA FL 33469</b>	Mailing Address <b>P.O. BOX 4144 TEQUESTA FL 33469</b>
---	---

3. Date Incorporated or Qualified  
**12/17/1990**

4. FEI Number <b>65-0242960</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
------------------------------------	--

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

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

**MALLORY, EARL K  
675 WEST INDIANTOWN ROAD  
SUITE 103  
JUPITER FL 33458**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number Is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WERNER, HOWARD</b>	
STREET ADDRESS <b>532 #6 EASTWIND DR. #6</b>	
CITY-ST-ZIP <b>NORTH PALM BEACH FL</b>	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PACIOCCO, ANDREW</b>	
STREET ADDRESS <b>339 KELSEY PARK DR.</b>	
CITY-ST-ZIP <b>PALM BEACH GARDENS FL</b>	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>KEELOR, MARY</b>	
STREET ADDRESS <b>235 E RIVER PARK DR.</b>	
CITY-ST-ZIP <b>JUPITER FL</b>	
TITLE <b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>CARUTHERS, KAREN</b>	
STREET ADDRESS <b>8448 SE COCONUT ST.</b>	
CITY-ST-ZIP <b>HOBE SOUND FL</b>	
TITLE <b>Kelli Trotta</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>2 Tradewind Cir #2</b>	
STREET ADDRESS <b>Tequesta, FL 33469</b>	
CITY-ST-ZIP <b>Tequesta, FL 33469</b>	
TITLE <b>Don Windmill</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>3900 County Line Rd</b>	
STREET ADDRESS <b>Tequesta, FL 33469</b>	
CITY-ST-ZIP <b>Tequesta, FL 33469</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>Mike Phillips</b>	
1.3 STREET ADDRESS <b>17982 Anchor Dr.</b>	
1.4 CITY-ST-ZIP <b>Jupiter, FL 33458</b>	
2.1 TITLE <b>President Elect</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>Earl Mallory</b>	
2.3 STREET ADDRESS <b>675 W. Indiantown Rd #103</b>	
2.4 CITY-ST-ZIP <b>Jupiter, FL 33458</b>	
3.1 TITLE <b>Vice President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>Public Anger</b>	
3.3 STREET ADDRESS <b>431 Jupiter Lake Blvd #211 B</b>	
3.4 CITY-ST-ZIP <b>Jupiter, FL 33458</b>	
4.1 TITLE <b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>Steve Pillon</b>	
4.3 STREET ADDRESS <b>233 US 2 S</b>	
4.4 CITY-ST-ZIP <b>Tequesta, FL 33469</b>	
5.1 TITLE <b>Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME <b>Jane J...</b>	
5.3 STREET ADDRESS <b>11981 SE 17th St.</b>	
5.4 CITY-ST-ZIP <b>Jupiter, FL 33469</b>	
6.1 TITLE <b>Howard Werner</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>532 Eastwind Dr #6</b>	
6.3 STREET ADDRESS <b>North Palm Beach, FL 33408</b>	
6.4 CITY-ST-ZIP <b>North Palm Beach, FL 33408</b>	

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.

CF2E037 (10/97)