# 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 FEB -8 AM 9:37

DOCUMENT # N93000004786 (0)

1. Corporation Name
KIWANIS CLUB OF WEST SIDE-BOCA RATON, FL., INC.

| Principal Place of Business | Mailing Address |
|---|---|
| ~~649 IBIS DR~~ ~~DELRAY BEACH FL 33483~~ | ~~649 IBIS DR~~ DELRAY BEACH FL 33483 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1993
3a. Date of Last Report: 07/07/1994
4. FEI Number: 65-0452985 ☐ Applied For ☐ Not Applicable

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 9774 GLADES RD. | 26 9774 GLADES RD. |
| Suite, Apt. #, etc. 22 # A-7 | Suite, Apt. #, etc. 27 # A-7 |
| City & State 23 BOCA RATON, FL | City & State 28 BOCA RATON FL |
| Zip 24 33434 Country 25 PALM. BEACH | Zip 29 33434 Country 30 P. Beach. |

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

9. Name and Address of Current Registered Agent

FETTROW, LYNN
9774 GLADES RD A-7
BOCA RATON FL 33434

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 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 _____ 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 | D | 11 TITLE | T ☒ Change ☐ Addition |
| NAME | MARKS, MICHAEL A | 12 NAME | BRUCE ROSENTHAL |
| STREET ADDRESS | 649 IBIS DR. | 13 STREET ADDRESS | 301 CRAWFORD BLVD. #201 |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 14 CITY-ST-ZIP | BOCA RATON FL 33432 |
| TITLE | D | 21 TITLE | D ☒ Change ☐ Addition |
| NAME | SANDS, SHERRY E | 22 NAME | ELAINE SHERSON |
| STREET ADDRESS | 649 IBIS DR. | 23 STREET ADDRESS | 10925 WINDING CREEK WAY |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 24 CITY-ST-ZIP | BOCA RATON, FL 33428 |
| TITLE | D | 31 TITLE | P ☒ Change ☐ Addition |
| NAME | LEVY, HAYMAN | 32 NAME | HY LEVY |
| STREET ADDRESS | 649 IBIS DR. | 33 STREET ADDRESS | P.O. BOX 812201 |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 34 CITY-ST-ZIP | BOCA RATON, FL 33481 |
| TITLE | D | 41 TITLE | D ☒ Change ☐ Addition |
| NAME | GRACEY, LOIS | 42 NAME | LYNN FETTROW |
| STREET ADDRESS | 649 IBIS DR. | 43 STREET ADDRESS | 9774 GLADES RD. A-7 |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 44 CITY-ST-ZIP | BOCA RATON, FL 33434 |
| TITLE | D | 51 TITLE | D ☒ Change ☐ Addition |
| NAME | GLOTZER, BRUCE | 52 NAME | NORM BUSH |
| STREET ADDRESS | 649 IBIS DR. | 53 STREET ADDRESS | 7301 A W. PALMETTO PK. RD. #204B |
| CITY-ST-ZIP | DELRAY BEACH FL 33483 | 54 CITY-ST-ZIP | BOCA RATON, FL 33433 |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | |

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 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 addition.

SIGNATURE: Bruce G. Rosenthal TREAS. 2-1-95 407-347-8282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000383