

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

704946

DELRAY BEACH KIWANIS CHARITIES, INC.

Principal Place of Business

17 NW 15th St
P.O. Box 122
Delray Beach FL 33447

Mailing Address

17 NW 15th St
P.O. Box 122
Delray Beach FL 33447

3. Date Incorporated or Qualified
12/18/1962

3a. Date of Last Report
4/12/1995

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

29 Zip

Country

4. FEI Number
59-6137983

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HURD, WILLIAM C.
17 NW 15TH ST
DELRAY BEACH FL 33444

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

Signature, typed or printed name of registered agent and date of appointment

(NOTE: Registered Agent signature required when terminating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P/D
NAME Nancy L. Spence
STREET ADDRESS 325 NW 18th St
CITY-ST-ZIP Delray Beach FL 33444

TITLE V/D
NAME Larry T. Schone
STREET ADDRESS 931 Palm Trail #8
CITY-ST-ZIP Delray Beach FL 33483

TITLE V/D
NAME Raymond C. Lanzi
STREET ADDRESS 126 Sea Island Lane
CITY-ST-ZIP Boca Raton, FL 33431

TITLE S/D
NAME William C. Hurd
STREET ADDRESS 17 NW 15th St
CITY-ST-ZIP Delray Beach FL 33444

TITLE T/D
NAME Paul E. Zern
STREET ADDRESS 1825 NW 10th St
CITY-ST-ZIP Delray Beach FL 33445

TITLE D
NAME J. Michael Pakradooni
STREET ADDRESS 967 Cypress Dr
CITY-ST-ZIP Delray Beach FL 33483

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

000001823850
05/16/96-01013-006
***61.25

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)(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:

William C. Hurd

William C. Hurd, Secretary

5-01-96

407 265-2229

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)