

**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 # **704979** (4)  
1. Corporation Name  
**KIWANIS CLUB OF FORT LAUDERDALE-SOUTHSIDE, INC.**



Principal Place of Business: 1100 SO FEDERAL HWY FT LAUDERDALE FL 33316  
Mailing Address: 1100 SO FEDERAL HWY FT LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 12/31/1962  
3a. Date of Last Report: 05/01/1995

21	2. Principal Place of Business	2a	Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.		59-6168909	Not Applicable
23	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
30	Country					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
HEIDGERD, FREDRICK C. 800 SE 3RD AVE. STE. 300 FT. LAUDERDALE FL 33316				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VPD STAMPER, S. SCOTT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	499 S.E. 13TH STREET #4W	1.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33316	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D WATERS, FRANK	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 S.W. 18 COURT	2.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33315	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	D RAYMOND, RON	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	125 S.E. 10TH AVE., STE. 903	3.2 NAME	
STREET ADDRESS	FT. LAUDERDALE FL 33316	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D TUDOR, HISE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1901 N.E. 17TH WAY	4.2 NAME	
STREET ADDRESS	FT LAUDERDALE FL 33305	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	SD MEILAN, AL DR	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2120 SW 52ND LANE	5.2 NAME	
STREET ADDRESS	PLANTATION, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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: *S. Scott Stamper* VPD  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date: April 30/96 - (954) 761-8500  
Office Phone #

CR2E037 (12/95)