FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

704979

(4)

KIWANIS CLUB OF FORT LAUDERDALE-SOUTHSIDE, INC.

Principal Place of Business Mailing Address									7			IN SIRIK SIRI	
1100 SO FEDERAL HWY 1100 SO FEDERAL (FT LAUDERDALE FL 33316 FT LAUDERDALE FL													
									3.	Date Incorporated or Qualified 12/31/1962	3a. D	ate of Last 05/01/1	
2. Principal Place of Business 2a. Mailing					Address				4.	FEI Number		Ш	Applied For
21			26							59-6168909			Not Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired See Required Fee Required					
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
_	Zip Country			<u>├</u>			ountry		8.	This corporation has liability for		_	r s. 199.032,
24 25			29				 		<u>ــِـــ</u>			□ No	
Name and Address of Current Registered Agent								Name	10.	Name and Address of New Re	glatered	Agent	
		UAL A				81	Ι'	Name					
HEIDGERD, FREDRICK C. 800 SE 3RD AVE.								Street Addre	Address (P.O. Box Number is Not Acceptable)				
STE. 300						83							
FT. LAUI	DERDALE (FL 33316				84	1	City			FL	85 Zi	ip Code
11. Pursuant to office or respect Lac	to the provisegistered ac	ions of Sections 617.05 gent, or both, in the Sta	02 and 6	17.1508, Florida S da. Such change	Statutes, the was authorida	e above	e-n y th	named corporation	oration ion's b	n submits this statement for the popular of directors. I hereby acceptions.	urpose o	f changing cointment	j its registered as registered
SIGNATURE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	in, and accept the con	ganonso	, 5554011 511.000	o, rionda	Olatato.	J.						
	Signature, typed	or printed name of registered a	gent and title	if applicable	(NOTE: Regis	stered Age	ent (signature require	ed when	reinstating)	DATE		
12.		OFFICERS A	ND DIREC			13.			/	ADDITIONS/CHANGES TO OFFIC	ERS AN	D DIRECTO	ORS IN 12
TITLE	VPD			☐ DELETE	1	1.1 TITLE						Change	e 🔲 Addition
NAME	STAMPE	er, s. scott			1	1.2 NAME							
STREET ADDRESS	499 S.E	. 13TH STREET #4V	V		1	1.3 STREET	T AD	DRESS					
CITY-ST-ZIP	FT. LAUDERDALE FL 33316						1.4 CITY-ST-ZIP						
TITLE	D			DELETE 2.1			2.1 TITLE					Change	e 🔲 Addition
NAME	WATERS, FRANK			221			2.2 NAME						
STREET ADDRESS	***************************************			·			2.3 STREET ADDRESS						
CITY-ST-ZIP	FT. LAU	<u>IDERDALE FL 33315</u>	ı			2. 4 CITY-:	ST-	ZIP		· · · · · · · · · · · · · · · · · · ·			
TITLE	D	_		☐ DELETE	:	3.1 TITLE						L Change	e Addition
NAME		ND, RON				3.2 NAME							
STREET ADDRESS		. 10th ave., ste. 9			3	3.3 STREET	T AD	DRESS					
CITY-ST-ZIP	ft. lau	<u>IDERDALE FL 33316</u>				3.4. CITY-	ST-	ZIP					
TITLE	D			DELETE	•	4.1 TITLE						☐ Change	e 🔲 Addition
NAME	TUDOR,				- 1	4. 2 NAME				•			
STREET ADDRESS		E. 17TH WAY			- 1	4.3 STREET	T AD	DRESS					
CITY-ST-ZIP	FT LAU	DERDALE FL 33305				1.4 CITY - S	ST-2	LIP .					
TITLE	SD			☐ DELETE	E .	5.1 TITLE						Change	e 🔲 Addition
NAME	MEILAN				٤	5.2 NAME							
STREET ADDRESS		N 52ND LANE				5.3 STREET	I AD	DRESS					
CITY-ST-ZIP	PLANTA	TION, FL 00000				4 CITY-S	1-2	BP .					
TITLE				☐ DELETE	Ē 6	3.1 TITLE						☐ Change	e 🔲 Addition
NAME					6	5.2 NAME							
STREET ADDRESS					6	6.3 STAEET	(AD	DRESS					
CITY-ST-ZIP				/	6	6.4 CITY-S	ST-2	ΔP					

14. I do 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.

SIGNATURE:

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR BRECTOR

2 6 9-

(954) 524. 533)

Davime Phone # preserve

FILED

Feb 12 1997 8:00am

Secretary of State