

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 09 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
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**DOCUMENT # 704979 (4)**  
1. Corporation Name  
**KIWANIS CLUB OF FORT LAUDERDALE-SOUTHSIDE, INC.**



Principal Place of Business <b>1100 SO FEDERAL HWY FT LAUDERDALE FL 33316</b>	Mailing Address <b>1100 SO FEDERAL HWY FT LAUDERDALE FL 33316</b>
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3. Date Incorporated or Qualified <b>12/31/1962</b>
4. FEI Number <b>59-6168909</b>
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HEIDGERD, FREDRICK C.  
800 SE 3RD AVE.  
STE. 300  
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

**FL**

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	VPD	<input checked="" type="checkbox"/> DELETE
NAME	STAMPER, S. SCOTT	
STREET ADDRESS	499 S.E. 13TH STREET #4W	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATERS, FRANK	
STREET ADDRESS	800 S.W. 18 COURT	
CITY-ST-ZIP	FT. LAUDERDALE FL 33315	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RAYMOND, RON	
STREET ADDRESS	125 S.E. 10TH AVE., STE. 903	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TUDOR, HISE	
STREET ADDRESS	1901 N.E. 17TH WAY	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MEILAN, AL DR	
STREET ADDRESS	2120 SW 52ND LANE	
CITY-ST-ZIP	PLANTATION, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	CAROLINE SEABRIGHT	
1.3 STREET ADDRESS	500 S.E. 17th. ST.	
1.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33316	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	DOUG RUTH	
2.3 STREET ADDRESS	1212 N.E. 8th. AVE.	
2.4 CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GEORGE MILLER	
3.3 STREET ADDRESS	299 N.W. 36tr.	
3.4 CITY-ST-ZIP	OORAL SPRINGS, FL 33071	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 address \_\_\_\_\_

SIGNATURE: Al Meilan DR. AL MEILAN (904) 523-8522

CR2E037 (10/97)