

FILE NOW: FILING FEE IS \$61.25

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90299 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704979

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1962	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 50-6168909	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	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 Dr. Al Meilan 82 Street Address (P.O. Box Number is Not Acceptable) 2120 SW 52nd Lane 83 84 City Plantation FL 85 Zip Code 33317	

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 *Al Meilan*

Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 5/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEABRIGHT, CAROLINE	1.2 NAME	
STREET ADDRESS	500 SE 17TH ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUTH, DOUG	2.2 NAME	
STREET ADDRESS	1212 NE 8TH AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, GEORGE	3.2 NAME	
STREET ADDRESS	299 NW 86TH TRAIL	3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TUDOR, HISE	4.2 NAME	
STREET ADDRESS	1901 N.E. 17TH WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33305	4.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MEILAN, AL DR	5.2 NAME	
STREET ADDRESS	2120 SW 52ND LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION, FL 00000	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Vice President <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Raymond Cienfuegos
STREET ADDRESS		6.3 STREET ADDRESS	1501 SW 1st Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Plantation, FL 33312

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 an address, with all other like empowered.

SIGNATURE: *Doyle M. Ruth* SIGNATURE: *Doyle M. Ruth* 5/10/99 (954) 462-6571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0037772

CR2E037 (1/98)