

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 08, 1999 8:00 am
Secretary of State

07-08-1999 90026 006 ****61.25

DOCUMENT # 711838

1. Corporation Name

KIWANIS CLUB OF FORT LAUDERDALE BEACH, FLORIDA,
INC.

Principal Place of Business

3051 NE 48 ST.
APT 207
FT. LAUDERDALE FL 33308
US

Mailing Address

%ROBERT F. LEWIS
P.O. BOX 11543
FT. LAUDERDALE FL 33339-1543



2. Principal Place of Business

1 Suite, Apt. #, etc.

2 City & State

3 Zip Country

4 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

11/23/1966

4. FEI Number

23-7003659

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

9. Name and Address of Current Registered Agent

LEWIS, ROBERT F.
3051 N.W. 48TH STREET, #207
FT. LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☒ DELETE
NAME IRVINE, JOSEPH
STREET ADDRESS 2020 NE 55 ST
CITY-ST-ZIP FT LAUDERDALE FL

TITLE TD ☐ DELETE
NAME LEWIS, ROBERT F.
STREET ADDRESS 3051 NE 48 ST.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☐ DELETE
NAME LOW, HARRY
STREET ADDRESS 2532 N.E. 22ND TERRACE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE PD ☒ DELETE
NAME WOOBURN, ROBERT
STREET ADDRESS 2655 E. OAKLAND PARK AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE D ☐ DELETE
NAME PRIEBE, ARTHUR F
STREET ADDRESS 2590 SE 8 ST
CITY-ST-ZIP POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME PRC
1.3 STREET ADDRESS JAMES STEVENS
1.4 CITY-ST-ZIP 8 FT Royal Isle
FORT LAUDERDALE, FL 33308

2.1 TITLE TREASURER ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME Pricel
4.3 STREET ADDRESS LOWELL BOGGY
4.4 CITY-ST-ZIP 6241 NE 19 TERR.
FT LAUDERDALE FL 33308

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/1/99 957 772-2662

CR2E037 (5/99)