

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mohrhaft  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # 719186 (9) 95 MAY -1 AM 9:25

1. Corporation Name  
**KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED**

Principal Place of Business Mailing Address  
P.O. BOX 4144 TEQUESTA FL 33469 P.O. BOX 4144 TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/25/1970 3a. Date of Last Report 06/02/1994  
4. FEI Number 59-6151464 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  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip  
24 Country 25 Country 29 Country 30 Country

9. Name and Address of Current Registered Agent  
FROST, JAMES  
900 EAST INDIAN TOWN ROAD #309  
JUPITER FL 33477

10. Name and Address of New Registered Agent  
81 Name Andrew Paciocco  
82 Street Address (P.O. Box Number is Not Acceptable) 339 Kelsey Park Circle  
83  
84 City Palm Beach Gardens FL 85 Zip Code 33410

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0505, Florida Statutes.

SIGNATURE *Andrew Paciocco* DATE 5/1/95  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1 1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WERNER, HOWARD	1 2 NAME	Paul Herchen (D)
STREET ADDRESS	522 EASTWIND DR.	1 3 STREET ADDRESS	194 Turtle Creek Drive
CITY - ST - ZIP	N. PALM BEACH FL	1 4 CITY - ST - ZIP	Tequesta, FL 33469
TITLE	PD	2 1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROST, JIM	2 2 NAME	Howard Werner (D)
STREET ADDRESS	900 INDIANTOWN ROAD #309	2 3 STREET ADDRESS	536 Eastwind Drive #6
CITY - ST - ZIP	JUPITER FL	2 4 CITY - ST - ZIP	North Palm Beach, FL 33408
TITLE	VD	3 1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PHILLIPS, MIKE	3 2 NAME	Mike Phillips (D)
STREET ADDRESS	250 TEQUESTA DR.	3 3 STREET ADDRESS	17982 Anchor Drive
CITY - ST - ZIP	TEQUESTA FL	3 4 CITY - ST - ZIP	Jupiter, FL 33469
TITLE	TD	4 1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEELOR, MARY	4 2 NAME	Andrew Paciocco (D)
STREET ADDRESS	4380 NORTH LAKE BLVD. #209	4 3 STREET ADDRESS	339 Kelsey Park Cir
CITY - ST - ZIP	PALM BEACH GARDENS FL	4 4 CITY - ST - ZIP	Palm Beach Gardens, FL 33410
TITLE	VD	5 1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HACKETT, ANDREW	5 2 NAME	Rick Bart (D)
STREET ADDRESS	139 JUPITER STREET	5 3 STREET ADDRESS	6254 Michael Street
CITY - ST - ZIP	JUPITER FL	5 4 CITY - ST - ZIP	Palm Beach Gardens, FL 33418
TITLE		6 1 TITLE	
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 CITY - ST - ZIP	

**REMITTED BY MAY 1**

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 110.07(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 B17, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Andrew Paciocco* 5/1/95 407-747-4003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Type Here) (Type Here)  
Andrew Paciocco/Treasurer