

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 719186 (9)  
1. Corporation Name  
**KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED**



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

3. Date Incorporated or Qualified: 08/25/1970  
3a. Date of Last Report: 05/01/1995  
4. FEI Number: 59-6151464  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

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

9. Name and Address of Current Registered Agent  
**PACIOCCO, ANDREW**  
**339 KELSEY PARK CIRCLE**  
**#309**  
**PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent  
81 Name: **EARL K. MALLORY**  
82 Street Address (P.O. Box Number is Not Acceptable): **675 WEST INDIANTOWN ROAD**  
83 **SUITE 103**  
84 City: **JUPITER** FL 85 Zip Code: **33458**

11. Pursuant to the provisions of Sections 617.6502 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: *Earl K. Mallory* My 7, 1996  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	HERCHEN, PAUL	<input checked="" type="checkbox"/> DELETE
NAME		194 TURTLE CREEK DR	
STREET ADDRESS		TEQUESTA FL	
CITY-ST-ZIP			
TITLE	VPD	WERNER, HOWARD	<input type="checkbox"/> DELETE
NAME		536 EASTWIND DR 6	
STREET ADDRESS		N PALM BEACH FL	
CITY-ST-ZIP			
TITLE	VPD	PHILLIPS, MIKE	<input type="checkbox"/> DELETE
NAME		17982 ANCHOR DR	
STREET ADDRESS		JUPITER FL	
CITY-ST-ZIP			
TITLE	TD	PACIOCCO, ANDREW	<input checked="" type="checkbox"/> DELETE
NAME		339 KELSEY PARK DR	
STREET ADDRESS		PALM BEACH GARDENS FL	
CITY-ST-ZIP			
TITLE	SD	BART, RICK	<input checked="" type="checkbox"/> DELETE
NAME		6254 MICHAEL ST	
STREET ADDRESS		PALM BEACH GARDENS FL	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HOWARD C. WERNER	
1.3 STREET ADDRESS	532 #6 EASTWIND DR	
1.4 CITY-ST-ZIP	NORTH PALM BEACH, FL 33408	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDREW PACIOCCO	
2.3 STREET ADDRESS	339 KELSEY PARK CIRCLE #309	
2.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY L. KEEHL	
4.3 STREET ADDRESS	235 E. RIVER PARK DR.	
4.4 CITY-ST-ZIP	JUPITER, FL 33477	
5.1 TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	KAREN C. CAWTHERS	
5.3 STREET ADDRESS	8448 SE COCONUT ST. Hobe Sound FL	
5.4 CITY-ST-ZIP	33455	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *Howard C. Werner* 4-25-96 (407) 845-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone Number  
EXT 231

CR2E037 (12/95)