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

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #

2. Principal Place of Business

Sulte, Apt. #, etc.

City & State

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Ζiρ

719186

Country

9. Name and Address of Current Registered Agent

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(9)

## KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED

Principal Place of Business	
P.O. BOX 4144 TEOUESTA FL 33469	

Mailing Address

P.O. BOX 4144 TEOUESTA FL 33469-9144

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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## FILED Apr 14 1997 8:00am Secretary of State



B. This corporation has liability for intangible tax under s. 199.032,

10. Name and Address of New Registered Agent

Yes No

3a. Date of Last Report 05/14/1996

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

 Date Incorporated or Qualified 08/25/1970

59-6151464

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

Florida Statutes

4. FEI Number

		81	Name			
MALLORY, EARL K		82	Street Address (P.O. Box Number is Not Acceptable)			
675 WEST INDIANTOWN ROAD				,		
SUITE 103		83				
JUPITER FL 33458		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						
			istored Agent signature required when rehistating)  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12.		TITLE		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME		NAME		Change Distribution		
STREET ADDRESS	THE RESIDENCE OF THE PARTY OF T		ADDOCOG	·		
	MARKI BULL APLANCE		ADDRESS			
CITY-ST-ZIP TITLE	VPD DELETE 2.11	CITY-S	1 - ZIP	Change Addition		
NAME		NAME		Grigingo Caracitoria		
STREET ADDRESS	AND LOTE AND MANUAL AND ALL HARD		4DDDC00			
******	BULL BELOW OF BEET BE		ADDRESS			
CITY-ST-ZIP TITLE	VPD DELETE 3.11	CITY-S	1-21/	Change Addition		
NAME	PHILLIPS, MIKE			Statusii		
STREET ADDRESS	INCAS ILICIAN DE		ADDRESS			
CITY-ST-ZIP	HINTED EL	CITY-S				
TITLE	T DELETE 4.11		11-211	Change Addition		
NAME		4. 2 NAME				
STREET ADDRESS	and the property of the contract of the contra		ADDRESS			
CITY-ST-ZIP		)   NECT     NECT   ST				
TITLE	S DELETE 5.1T		1-211	☐ Change ☐ Addition		
NAME	CARUTHERS, KAREN C 52N					
STREET ADDRESS			ADDRESS			
CITY-ST-ZIP	HAME AAIME M	:::Y-S1				
TITLE	DELETE 611			Change Addition		
NAME	62 N					
STREET ADDRESS	63.5	6.3 STREE1 ADDRESS				
CITY-SY-ZIP		ITY-ST				
14. I do 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 the receiver of the corporation of the corporation or the receiver of the corporation of the corporation or the receiver of the corporation of the corporatio						
appears in Block 12 or Block 13 if changed, or on an attactytion with an address.						

Country

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