1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 719186

1. Corporation Name

KIWANIS CLUB OF JUPITER-TEQUESTA, INCORPORATED

Principal Place of Busine
P.O. BOX 4144
TEQUESTA FL 33469

Mailing Address

P.O. BOX 4144 TEQUESTA FL 33469

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90043 001 ****61.25



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2. Principal P	Principal Place of Business 2a. Mailing Address					3.	Date Incorporated or Qualifed					
21		26					08/25/1970			_		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				4.	FEI Number	T-11	A	pplied For		
22		27)	<u>59</u> 6151464		N	ot Applicable		
City & Stat	e	City & State			5	Certificate of Status Desired			Additional			
23		28			J.			Fee R	equired			
Zip	Country Zip Co					6.	Election Campaign Financing	П	-	May Be		
24	25 29 30					Trust Fund Contribution Added to Fees						
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent						
				81 Name								
MALLORY, EARL K					82 Street Address (P.O. Box Number is Not Acceptable)							
675 WEST INDIANTOWN ROAD					83							
SUITE 103										ļ		
JUPITER F		// 1		84	City	-			85 Zip	Code		
- '	\sim 0 1 M_{\odot}	// /			-			<u> </u>	1 '			
11. Pursuant to the provisions of Sections 61 0502 and 610 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered												
11. Pursuant to the provisions of Sections 61, 5502 and 61, 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 amiliar with, and accept the diligations of, section 617.0503, Florida Statutes.												
SIGNATURE	TX NIII		∵a:	r L K	WŸŤŢOĹÁ	4-9	-99					
Signature, types or primed name of registered agent and title if applicable. (NOTE: Registered /								DATE	D DIDECT	3DC IN 12		
12.	OFFICERS AND			3.			ADDITIONS/CHANGES TO OF	FICERS AN	Change	Addition		
TITLE	Р	☐ DELETE		1 TITLE		ĺ			Change			
NAME	Trices of mire			2 NAME		\				j		
STREET ADDRESS	17302 Pateriori Diave			-	ADDRESS					Ì		
CITY-ST-ZIP	CONTRACT CONTRACT			4 CITY-S	r-ZIP	1000	1 T 0		Change	Addition		
TITLE	PE	☐ DELETE		1 TITLE		DIRE	CTOR.			ا المقالمة ال		
NAME	MALLORY, EARL					101011	ory Earl w Indiantou	~ Rd	# 103	.		
STREET ADDRESS					ADDRESS	615	W Indianion	c		ł		
CITY-ST-ZIP	JUPITER FL 33458	□ pci str		4 CITY-S	T-ZIP		TER, FC 334	<u> </u>	Change	Addition		
TITLE	VP	☐ DELETE	1	1 TITLE		PE	\			- ,		
NAME	HAGER, DEBBIE			2 NAME		HAge	R. Vebbi	Blue	21/16	,		
STREET ADDRESS	431 JUPITER LAKES BOULEVARI) #2111B	- 4		ADDRESS	4 <u>3</u> /J	R. Debbi Upiter Lakes PITER FC USURER	224C	ZIIIC	'		
CITY-ST-ZIP	JUPITER FL 33458	PRELETE	_	4. CITY-S	T- ZIP	JU	WITCH FC	<u> </u>	Change	Addition		
TITLE	D	™ nef¢);		1 TITLE		FUS	ARO, Eugene		- ourning	€" . monnon		
NAME	TROTTA, KELLI			2 NAME			7 Narrows	00				
STREET ADDRESS	7 TRADEWINDS CIRCLE				ADDRESS				–			
CITY-ST-ZIP	TEQUESTA FL 33469	[7] DELETE		4 CITY-S	r-ZIP		PITER FI.	<u> </u>	/ ☐ Change	Addition		
TITLE	D	DELETE		1 TITLE 2 NAME			etary Johnston		□ ∧nange	(E) Addition		
NAME	WERNER, HOWARD				ADDRESS	11 00	1 BE 17155	$\mathcal{I}\mathcal{T}$				
STREET ADDRESS						1, 88		33 <i>U</i> /	9			
CITY-ST-ZIP	NORTH PALM BEACH FL 3408	™ DELETE		4 CITY-S	-214	76	PITER PI -	- 2 TW	/ ☐ Change	Addition		
TITLE	D	CT DECEN							□ cueniñe	(A) VOOROOII		
NAME	MONTEIRO, JUDY			2 NAME			WINDMILL	fo /		ł		
STREET ADDRESS	10205 FARI WOOD DRIVE		6.	3 STREET	ADDRESS	2400	County LINE	$\kappa_{\rm C}$				

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:

4-9-99

561-743-3708