

FILE NOW: FILING FEE IS \$61.25

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Sep 05 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **721273** (1)
1. Corporation Name
PALM BEACH KIWANIS CLUB FOUNDATION, INC.



Principal Place of Business 340 ROYAL PALM WAY PALM BEACH FL 33480	Mailing Address P. O. BOX 694 PALM BEACH FL 33480-0694
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 06/30/1971		3a. Date of Last Report 03/14/1996	
4. FEI Number 59-7140041		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		Additional Fee Required \$8.75	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. May Be Added to Fees \$5.00			

9. Name and Address of Current Registered Agent DORRA, ARIEL J. 1601 FORUM PL #700 WEST PALM BEACH FL 33401				10. Name and Address of New Registered Agent 81 Name Deborah M. CLARK 82 Street Address (P.O. Box Number is Not Acceptable) 3915 S. FIAGLER DR, #103 83 84 City W. Palm Beach FL 85 Zip Code 33405			
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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 *Deborah M. Clark* **Deborah M. CLARK** **4-30-97**
Signature, typed or printed name of registered agent and type if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TREZISE, STEVEN A	1.2 NAME	President
STREET ADDRESS	1750 N FLORIDA MANGO RD #401	1.3 STREET ADDRESS	FRANK PILOTTE
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	340 ROYAL PALM WAY
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD DOWLING, JAMES V.	2.2 NAME	President-ELECT
STREET ADDRESS	132 ROYAL PALM WAY	2.3 STREET ADDRESS	LARRY OCHSTEIN
CITY-ST-ZIP	PALM BEACH FL	2.4 CITY-ST-ZIP	123 ATLANTIC AVE
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD CAWLEY, WESLEY G.	3.2 NAME	SECRETARY
STREET ADDRESS	324 ROYAL PALM WAY	3.3 STREET ADDRESS	Tish Wilmering
CITY-ST-ZIP	PALM BEACH FL	3.4 CITY-ST-ZIP	1012 HARVARD AVE
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SD HEEKE, SUSAN	4.2 NAME	Treasurer-Director
STREET ADDRESS	124 SEABREEZE AVE.	4.3 STREET ADDRESS	Deborah CLARK
CITY-ST-ZIP	PALM BEACH, FL 33480 FL	4.4 CITY-ST-ZIP	3915 S. FIAGLER DR #103
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VD PILOTTE, FRANK T.	5.2 NAME	Wesley CAWLEY DIR.
STREET ADDRESS	340 ROYAL PALM WAY	5.3 STREET ADDRESS	324 ROYAL PALM WAY
CITY-ST-ZIP	PALM BEACH, FL 33480 FL	5.4 CITY-ST-ZIP	PALM BEACH, FLA
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TD DORRA, ARIEL J	6.2 NAME	STEVE TREZISE, DIR
STREET ADDRESS	1601 FORUM PL. #700	6.3 STREET ADDRESS	1750 N. FLA. MANGO RD, #401
CITY-ST-ZIP	WEST PALM BEACH FL 33401	6.4 CITY-ST-ZIP	W. PALM BEACH, FLA

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 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.

SIGNATURE *Deborah M. Clark* **Deborah M. CLARK** **4-30-97**

CR2E037 (9/96)