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Feb 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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**



3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-7140041

Applied For

Not Applicable

2. Principal Place of Business

21 3626 Embassy Drive

2a. Mailing Address

25 Suite, Apt. #, etc.

City & State

23 West Palm Beach, FL

City & State

27

Zip

24 33401

Country

25 USA

Zip

29

Country

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**CLARK, DEBORAH M
3915 SOUTH FLAGLER DRIVE
103
WEST PALM BEACH FL 33405**

10. Name and Address of New Registered Agent

81 Name Gary Israel
82 Street Address (P.O. Box Number is Not Acceptable)
3626 Embassy Drive
83
84 City West Palm Beach FL 85 Zip Code 33401

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

Gary Israel

(NOTE: Registered Agent signature required when reinstating)

1/27/98

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	PILOTTE, FRANK	
STREET ADDRESS	340 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL 33480	
TITLE	P-E	<input type="checkbox"/> DELETE
NAME	OCHSTEIN, LARRY	
STREET ADDRESS	123 ATLANTIC AVENUE	
CITY-ST-ZIP	PALM BEACH FL 33405	
TITLE	S	<input type="checkbox"/> DELETE
NAME	WILMERING, TISH	
STREET ADDRESS	1012 HARVARD AVENUE	
CITY-ST-ZIP	LAKE WORTH FL 33432	
TITLE	T D	<input checked="" type="checkbox"/> DELETE
NAME	CLARK, DEBORAH	
STREET ADDRESS	3915 SOUTH FLAGLER DRIVE, # 103	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CRAWLEY, WESLEY	
STREET ADDRESS	324 ROYAL PALM WAY	
CITY-ST-ZIP	PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TERZISE, STEVE	
STREET ADDRESS	1750 NORTH FLA. MANGO ROAD, # 401	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Larry Ochstein	
1.3 STREET ADDRESS	248 Sandpiper Dr.	
1.4 CITY-ST-ZIP	Palm Beach, FL 33480	
2.1 TITLE	P-E-D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Wesley Cawley	
2.3 STREET ADDRESS	125 Worth Avenue	
2.4 CITY-ST-ZIP	Palm Beach, FL 33480	
3.1 TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Gary Israel	
3.3 STREET ADDRESS	3626 Embassy Dr	
3.4 CITY-ST-ZIP	West Palm Beach FL 33401	
4.1 TITLE	V-P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Deborah Clark	
4.3 STREET ADDRESS	3915 S. Flagler Dr #103	
4.4 CITY-ST-ZIP	West Palm Beach, FL 33405	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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:

Gary Israel

1/27/98

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CR2E037 (10/97)