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**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90070 050 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 721273**

1. Corporation Name

**PALM BEACH KIWANIS CLUB FOUNDATION, INC.**

Principal Place of Business

3626 EMBASSY DR  
WEST PALM BEACH FL 33401  
US

Mailing Address

P. O. BOX 694  
PALM BEACH FL 33480-0694



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/30/1971

4. FEI Number

59-7140041

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

ISRAEL  
ISRAEL, GARY  
3626 EMBASSY DR  
# 103  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

*[Signature]*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/15/99

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	OCHSTEIN, LARRY
STREET ADDRESS	248 SANDPIPER DR
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	PED
NAME	CAWLEY, WESLEY
STREET ADDRESS	125 WORTH AVE
CITY-ST-ZIP	PALM BEACH FL 33480
TITLE	S
NAME	WILMERING, TISH
STREET ADDRESS	1012 HARVARD AVENUE
CITY-ST-ZIP	LAKE WORTH FL 33432
TITLE	TD
NAME	ISRAEL, GARY
STREET ADDRESS	3626 EMBASSY DR
CITY-ST-ZIP	WEST PALM BEACH FL 33401
TITLE	VPD
NAME	CLARK, DEBORAH
STREET ADDRESS	3915 S FLAGLER DR, #103
CITY-ST-ZIP	WEST PALM BEACH FL 33405
TITLE	D
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	PD
1.2 NAME	Dr. DAVID Houghton
1.3 STREET ADDRESS	232 Royal Palm Way
1.4 CITY-ST-ZIP	Palm Beach, FL 33480
2.1 TITLE	VPD
2.2 NAME	Gerald Shugar
2.3 STREET ADDRESS	333 Sunset Ave. #516
2.4 CITY-ST-ZIP	Palm Beach, FL 33480
3.1 TITLE	SD
3.2 NAME	Susan Heeke
3.3 STREET ADDRESS	124 Seabreeze Ave.
3.4 CITY-ST-ZIP	Palm Beach, FL 33480
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
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 in an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 5616553825  
Date Daytime Phone #

CR2E037 (11/98)