

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/30/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-7140041
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ISRAEL ISRAEL, GARY 3626 EMBASSY DR # 103 WEST PALM BEACH FL 33401		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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* DATE: 1/15/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OCHSTEIN, LARRY	1.2 NAME	Dr. DAVID Houghton
STREET ADDRESS	248 SANDPIPER DR	1.3 STREET ADDRESS	232 Royal Palm Way
CITY-ST-ZIP	PALM BEACH FL 33480	1.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	PED <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAWLEY, WESLEY	2.2 NAME	Gerald Shugar
STREET ADDRESS	125 WORTH AVE	2.3 STREET ADDRESS	333 Sunset Ave. #516
CITY-ST-ZIP	PALM BEACH FL 33480	2.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	S <input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILMERING, TISH	3.2 NAME	Susan Heeke
STREET ADDRESS	1012 HARVARD AVENUE	3.3 STREET ADDRESS	124 Seabreeze Ave.
CITY-ST-ZIP	LAKE WORTH FL 33432	3.4 CITY-ST-ZIP	Palm Beach, FL 33480
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	ISRAEL, GARY ISRAEL	4.2 NAME	
STREET ADDRESS	3626 EMBASSY DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	4.4 CITY-ST-ZIP	
TITLE	VPD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	CLARK, DEBORAH	5.2 NAME	
STREET ADDRESS	3915 S FLAGLER DR, #103	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	
NAME	TERZISE, STEVE	6.2 NAME	
STREET ADDRESS	1750 NORTH FLA. MANGO ROAD, # 401	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL	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: *Gary Israel* DATE: 1/15/99

**SIGNATURE REQUIRED** 5616553825

Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)