FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 27 AM 11:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 728648 (7)

1. Corporation Name
KIWANIS CLUB OF CORAL SPRINGS, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
P.O. BOX 8145 CORAL SPRINGS FL 33075-8145	P.O. BOX 8145 CORAL SPRINGS FL 33075-8145

3. Date Incorporated or Qualified: 01/23/1974
3a. Date of Last Report: 04/26/1994
4. FEI Number: 23-7347138 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	**$68.75** Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DOLLINGER, BARRY 6060 NW 46TH MANOR CORAL SPRINGS FL 33067	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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
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	T	1.1 TITLE	P	☑ Change ☐ Addition
NAME	LYON, JAMES B.	1.2 NAME	LYON, JAMES B.	
STREET ADDRESS	1881 UNIVERSITY DRIVE, STE 206	1.3 STREET ADDRESS	1881 UNIVERSITY DRIVE, STE 206	
CITY-ST-ZIP	CORAL SPRINGS FL	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	P	2.1 TITLE	D	☑ Change ☐ Addition
NAME	BURNSIDE, LARRY	2.2 NAME	BURNSIDE, LARRY	
STREET ADDRESS	8060 W. MCNAB ROAD	2.3 STREET ADDRESS	8060 W MCNAB ROAD	
CITY-ST-ZIP	NORTH LAUDERDALE FL	2.4 CITY-ST-ZIP	NO LAUDERDALE, FL	
TITLE	D	3.1 TITLE	T	☑ Change ☐ Addition
NAME	WILLIAMS, ALEX J. JR.	3.2 NAME	WILLIAMS, ALEX J. JR.	
STREET ADDRESS	4708 N.W. 60TH LANE	3.3 STREET ADDRESS	4708 NW 60 LANE	
CITY-ST-ZIP	CORAL SPRINGS FL	3.4 CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	VP	4.1 TITLE	D	☑ Change ☐ Addition
NAME	DOWNS, JOHN	4.2 NAME	DOWNS, JOHN	
STREET ADDRESS	8638 N.W. 14TH STREET	4.3 STREET ADDRESS	8638 NW 14 STREET	
CITY-ST-ZIP	CORAL SPRINGS FL	4.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	D	5.1 TITLE	D	☐ Change ☑ Addition
NAME	PUJALS, VICTOR	5.2 NAME	DOLLINGER, BARRY	
STREET ADDRESS	6601 N.W. 52ND STREET	5.3 STREET ADDRESS	6060 NW 46th MANOR	
CITY-ST-ZIP	CORAL SPRINGS FL	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL	
TITLE	D	6.1 TITLE	VP	☑ Change ☐ Addition
NAME	LOMBARD, SUSAN	6.2 NAME	LOMBARD, SUSAN	
STREET ADDRESS	7310 E. CYPRESS HEAD DRIVE	6.3 STREET ADDRESS	7310 E CYPRESS HEAD DRIVE	
CITY-ST-ZIP	PARKLAND FL	6.4 CITY-ST-ZIP	PARKLAND, FL	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 3/6/95 305-525-3553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
ALEX J. WILLIAMS, JR.