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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 728648 (7)

1. Corporation Name

KIWANIS CLUB OF CORAL SPRINGS, INC.

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: 04/28/1996

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 23-7347138 ☐ 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
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

DOLLINGER, BARRY
6060 NW 46TH MANOR
CORAL SPRINGS FL 33067

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☑ DELETE	1.1 TITLE	P ☐ Change ☑ Addition
NAME	MENA, TED		1.2 NAME	Sally Mazer
STREET ADDRESS	9306 NW 2 ST		1.3 STREET ADDRESS	6846 Palmetto Circle S. #1101
CITY-ST-ZIP	CORAL SPRINGS FL		1.4 CITY-ST-ZIP	Boca Raton FL 33433
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BURNSIDE, LARRY		2.2 NAME	
STREET ADDRESS	8060 W. MCNAB ROAD		2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH LAUDERDALE FL		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, ALEX J. JR.		3.2 NAME	
STREET ADDRESS	4708 N.W. 60TH LANE		3.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL		3.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	D ☐ Change ☑ Addition
NAME	DIETZ, MARIE		4.2 NAME	Ron Huffman
STREET ADDRESS	10320 NW 43 ST		4.3 STREET ADDRESS	9958 N. Springs Way
CITY-ST-ZIP	CORAL SPRINGS FL		4.4 CITY-ST-ZIP	Coral Springs, FL 33076
TITLE	T	☑ DELETE	5.1 TITLE	T ☑ Change ☑ Addition
NAME	STEVENSON, RICHARD		5.2 NAME	John C Downs
STREET ADDRESS	7910 N UPPER RIDGE DR		5.3 STREET ADDRESS	5300 NW 33 Ave #217
CITY-ST-ZIP	PARKLAND FL		5.4 CITY-ST-ZIP	Ft Laud FL 33309
TITLE	D	☑ DELETE	6.1 TITLE	D ☐ Change ☑ Addition
NAME	LOMBARD, SUSAN		6.2 NAME	Vincent Marino
STREET ADDRESS	730 E. CYPRESS HEAD DR		6.3 STREET ADDRESS	3195 Maple Lane
CITY-ST-ZIP	PARKLAND FL		6.4 CITY-ST-ZIP	Davie, FL 33328

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: [signature] SIGNATURE REQUIRED — Charles Bachmar   Date: 1/15/97   Daytime Phone #: 954-486-0770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)   0026197