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Mar 27 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Morthart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **728648** (7)
1. Corporation Name
KIWANIS CLUB OF CORAL SPRINGS, INC.



Principal Place of Business P.O. BOX 8145 CORAL SPRINGS FL 33075-8145	Mailing Address P.O. BOX 8145 CORAL SPRINGS FL 33075-8145
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3. Date Incorporated or Qualified 01/23/1974	
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
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	

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

6. Name and Address of Current Registered Agent
**DOLLINGER, BARRY
6080 NW 48TH MANOR
CORAL SPRINGS FL 33087**

10. Name and Address of New Registered Agent	
81. Name John Rogers, Esq.	Board member
82. Street Address (P.O. Box Number is Not Acceptable) 1881 University Dr	
83. City CA	
84. City Coral Springs	85. Zip Code 33065

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 of 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.
JOHN B. ROGERS

SIGNATURE _____ DATE **2/9/98**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	SALLY MAZER
STREET ADDRESS	6846 CALMETTO CIR S 1101
CITY-ST-ZIP	BOCA RATON FL
TITLE	V
NAME	BURNSIDE, LARRY
STREET ADDRESS	8080 W. MCNAB ROAD
CITY-ST-ZIP	NORTH LAUDERDALE FL
TITLE	S
NAME	WILLIAMS, ALEX J. JR.
STREET ADDRESS	4708 N.W. 60TH LANE
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	D
NAME	RON HUFFMAN
STREET ADDRESS	9958 N SPRINGS WAY
CITY-ST-ZIP	CORAL SPRINGS FL
TITLE	T
NAME	JOHN C DOWNS
STREET ADDRESS	5300 NW 33RD AVE 217
CITY-ST-ZIP	FT LAUDERDALE FL
TITLE	D
NAME	VINCENT MARINO
STREET ADDRESS	3195 MAPLE LANE
CITY-ST-ZIP	DAVE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Richard Mueller ☐ Change ☐ Addition
1.2 NAME	3224 NW 118 Lane
1.3 STREET ADDRESS	Coral Springs FL 33065
1.4 CITY-ST-ZIP	President
2.1 TITLE	Marie Dietz ☐ Change ☐ Addition
2.2 NAME	10320 NW 43 ST
2.3 STREET ADDRESS	Coral Springs FL 33065
2.4 CITY-ST-ZIP	Board member
3.1 TITLE	Ric Seibert ☐ Change ☐ Addition
3.2 NAME	3785 Turtle Run Blvd #1513
3.3 STREET ADDRESS	Coral Springs FL 33067
3.4 CITY-ST-ZIP	Board member
4.1 TITLE	Cynthia McCauley ☐ Change ☐ Addition
4.2 NAME	3000 Coral Hills Dr
4.3 STREET ADDRESS	Coral Springs FL 33065
4.4 CITY-ST-ZIP	Treasurer
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ 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: _____ DATE **2/1/98** **954 344 3123**

CR2E037 (10/97)