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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 21, 1999 8:00 am
Secretary of State
02-21-1999 90038 007 ****61.25

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DOCUMENT # 728648

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

90099 - 90038 - 7

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/23/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 23-7347138 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROGERS, JOHN ESQ.
1881 UNIVERSITY DR.
CORAL SPRINGS FL 33065

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 _____ 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	P	☑ DELETE	1.1 TITLE	President	☐ Change ☑ Addition
NAME	SALLY MAZER		1.2 NAME	Steve List	
STREET ADDRESS	6846 CALMETTO CIR S 1101		1.3 STREET ADDRESS	6500 Parkside Drive	
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP	Parkland FL 33069	
TITLE	D	☑ DELETE	2.1 TITLE	Director	☐ Change ☑ Addition
NAME	MUELLER, RICHARD		2.2 NAME	Ric Stevenson	
STREET ADDRESS	3224 NW 118 LANE		2.3 STREET ADDRESS	6000 NW 62 St	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		2.4 CITY-ST-ZIP	Parkland FL 33067	
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	Director	☐ Change ☑ Addition
NAME	MCCAULEY, CYNTHIA		4.2 NAME	Richard Severts	
STREET ADDRESS	3000 CORAL HILLS DR.		4.3 STREET ADDRESS	3909 NW 62 Ct	
CITY-ST-ZIP	CORAL SPRINGS FL 33065		4.4 CITY-ST-ZIP	Coconut Creek FL 33073	
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHN C DOWNS		5.2 NAME		
STREET ADDRESS	5300 NW 33RD AVE 217		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DIETZ, MARIE		6.2 NAME		
STREET ADDRESS	10320 NW 43 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL SPRINGS FL 33065		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: [signature] SIGNATURE REQUIRED Treasurer 1/7/99 954 486 0770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #