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Aug 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morfitt Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 763803 (4)

1. Corporation Name
KIWANIS CLUB OF PORT ST. LUCIE, FLORIDA, INC.

Principal Place of Business 8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952	Mailing Address 8000 S. US 1, SUITE 400 PORT ST. LUCIE FL 34952
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 06/18/1982
4. FEI Number 59-2667221
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**FORTE, MICHAEL
354 N.E. SURFSIDE AVE
PORT ST. LUCIE FL 34963**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D NICOLAS, GEORGE
STREET ADDRESS	2022 SE PYRAMID RD
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	<input type="checkbox"/> DELETE
NAME	V CLANCY, MICHAEL
STREET ADDRESS	2012 SE HANFORD RD
CITY-ST-ZIP	PORT ST. LUCIE FL 34952
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T MCGUIRE, DAVE
STREET ADDRESS	1905 S 25TH ST
CITY-ST-ZIP	FT PIERCE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DS FORTE, MICHAEL
STREET ADDRESS	354 NE SURFSIDE AVE
CITY-ST-ZIP	PORT ST. LUCIE FL
TITLE	<input type="checkbox"/> DELETE
NAME	VP NEWBERGER, DR TOM
STREET ADDRESS	1781 SE PORT ST LUCIE
CITY-ST-ZIP	PORT ST LUCIE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	P RICHARDSON, STUART
STREET ADDRESS	5442 PALMETTO AVE
CITY-ST-ZIP	FT PIERCE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	President Tom R. Heinberger
1.3 STREET ADDRESS	8000 S. US 1 SUITE 400
1.4 CITY-ST-ZIP	PORT ST. LUCIE FL 34952
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Treasurer D. Livingston
2.3 STREET ADDRESS	DAVE MCGUIRE
2.4 CITY-ST-ZIP	8000 S. US 1 SUITE 400 PORT ST. LUCIE FL 34952
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Secretary D. Livingston
3.3 STREET ADDRESS	ANNE MARIE DILLON (D)
3.4 CITY-ST-ZIP	8000 S. US 1 SUITE 400 PORT ST. LUCIE FL 34952
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	700002617957
6.3 STREET ADDRESS	-08/17/98--01123--024
6.4 CITY-ST-ZIP	***61.25

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 _____