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 MAY -1 AM 9:25
SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # N11555 (2)

1. Corporation Name
GREATER LAKE WALES LA SERTOMA, INC.

Principal Place of Business
% JOANNE MCMASTER
43 MARTHA DR
LAKE WALES FL 33853-5131

Mailing Address
C/O JOANNE MCMASTER
43 MARTHA DRIVE
LAKE WALES FL 33853
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/14/1985
3a. Date of Last Report: 03/08/1994
4. FEI Number: 59-2711403 — Applied For ☐ Not Applicable ☐

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

MCMASTER, JOANNE
43 MARTHA DR
LAKE WALES FL 33853

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 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 ______ 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	COBD	1.1 TITLE	CUBD ☐ Change ☐ Addition
NAME	MCMASTER, JOANNE	1.2 NAME	DALE DILL
STREET ADDRESS	43 MARTHA DRIVE	1.3 STREET ADDRESS	2424 RUTH AVE
CITY ST ZIP	LAKE WALES FL	1.4 CITY ST ZIP	LAKE WALES, FL 33853
TITLE	PD	2.1 TITLE	PD ☐ Change ☐ Addition
NAME	DILL, DALE	2.2 NAME	CAROL CARNLEY
STREET ADDRESS	2424 RUTH AVE	2.3 STREET ADDRESS	Mt. LAKE CUTOFF ROAD
CITY ST ZIP	LAKE WALES FL	2.4 CITY ST ZIP	LAKE WALES, FL 33853
TITLE	TD	3.1 TITLE	TD ☐ Change ☐ Addition
NAME	WINEGARD, ALENE	3.2 NAME	CAROLYN HARMON
STREET ADDRESS	707 CURRIAN	3.3 STREET ADDRESS	519 AVE K SE
CITY ST ZIP	LAKE WALES FL	3.4 CITY ST ZIP	WINTER HAVEN, FL 33880
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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 the 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: Joanne McMaster — 4-25-95 — 676-1408
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR / Date / Daytime Phone #
JOANNE McMASTER

0068071

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1995

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

APPROVED AND FILED

AM 9:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N11944** **(8)**

1. Corporate Name

NORTH PALM BEACHES KIWANIS TRUST FOUNDATION, INC

Principal Place of Business	Mailing Address
P.O. BOX 14275 330 FEDERAL HIGHWAY NORTH PALM BEACH FL 33408 US	P.O. BOX 14275 330 FEDERAL HIGHWAY NORTH PALM BEACH FL 33408 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/07/1985	3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2635021	☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	**$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

2. Principal Place of Business	2a. Mailing Address
21 330 Federal Highway	26 P. O. Box 14275
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Lake Park, Florida	28 City & State: North Palm Beach, Fl
24 Zip: 33403 / 25 Country: USA	29 Zip: 33408 / 30 Country: USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BALDWIN, GEORGE W. 330 FEDERAL HIGHWAY LAKE PARK FL 33403	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 (Signature, type or print name of registered agent and the date of signature) (NOTE: Registered Agent signature required when executing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	WATSON, JOSEPH	12 NAME	
STREET ADDRESS	15774 85TH WAY NORTH	13 STREET ADDRESS	4567 Holly Drive
CITY ST ZIP	PALM BEACH GARDENS FL	14 CITY ST ZIP	Palm Beach Gardens, Fl 33418
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	MITCHELL, JAMES P.	22 NAME	
STREET ADDRESS	840 ANCHORAGE DRIVE	23 STREET ADDRESS	
CITY ST ZIP	NORTH PALM BEACH FL	24 CITY ST ZIP	North Palm Beach, Fl 33408
TITLE	SD	31 TITLE	☒ Change ☐ Addition
NAME	PONDER, LARRY	32 NAME	
STREET ADDRESS	8348 SOUTH BATES ROAD	33 STREET ADDRESS	
CITY ST ZIP	PALM BCH GARDENS FL	34 CITY ST ZIP	Palm Beach Gardens, Fl 33418
TITLE	TD	41 TITLE	☒ Change ☐ Addition
NAME	BOTT, HARRY N.	42 NAME	
STREET ADDRESS	891 COUNTRY CLUB DRIVE	43 STREET ADDRESS	
CITY ST ZIP	NORTH PALM BEACH FL	44 CITY ST ZIP	North Palm Beach, Fl 33408
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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)(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: Joseph C. Watson
Joseph C. Watson, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
Date

(407) 842-8411
Daytime Phone #

0048203