

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED), MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N11944 (8)

1. Corporation Name

NORTH PALM BEACHES KIWANIS TRUST FOUNDATION, INC

Principal Place of Business

330 FEDERAL HIGHWAY
LAKE PARK FL 33403
US

Mailing Address

P.O. BOX 14275
NORTH PALM BEACH FL 33408
US

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

23 Zip Country

24

25 Mailing Address

26 Suite, Apt #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current 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 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 type for printed name of registered agent and title, if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

11 TITLE PD [] DELETE

NAME WATSON, JOSEPH

STREET ADDRESS 4567 HOLLY DRIVE

CITY-STATE-ZIP PALM BEACH GARDENS FL

12 TITLE VD [] DELETE

NAME MITCHELL, JAMES P.

STREET ADDRESS 840 ANCHORAGE DRIVE

CITY-STATE-ZIP NORTH PALM BEACH FL

13 TITLE SD [] DELETE

NAME PONDER, LARRY

STREET ADDRESS 8348 SOUTH BATES ROAD

CITY-STATE-ZIP PALM BEACH GARDENS FL

14 TITLE TD [] DELETE

NAME BOTT, HARRY N.

STREET ADDRESS 891 COUNTRY CLUB DRIVE

CITY-STATE-ZIP NORTH PALM BEACH FL

15 TITLE [] DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-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 :

JOSEPH E. WATSON
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED
Oct 08 1998 8:00am
Secretary of State



3. Date Incorporated or Qualified

11/07/1985

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. Is this nonprofit corporation a homeowners association?

[] Yes [X] No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. [] Yes [X] No

10. Name and Address of New Registered Agent

0006934

CR2E037 (5/98)

9/28/98 (50) 626-3076
Date Daytime Phone #