

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90013 036 ****61.25

DOCUMENT # N11944

1. Corporation Name

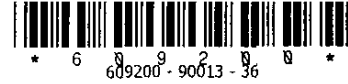
NORTH PALM BEACHES KIWANIS TRUST FOUNDATION, INC

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.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

BALDWIN, GEORGE W.
330 FEDERAL HIGHWAY
LAKE PARK FL 33403

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WATSON, JOSEPH
STREET ADDRESS 4567 HOLLY DRIVE
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE VD
NAME MITCHELL, JAMES P.
STREET ADDRESS 840 ANCHORAGE DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE SD
NAME PONDER, LARRY
STREET ADDRESS 8348 SOUTH BATES ROAD
CITY-ST-ZIP PALM BEACH GARDENS FL

TITLE TD
NAME BOTT, HARRY N.
STREET ADDRESS 891 COUNTRY CLUB DRIVE
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME VAN SICKLE, JOHN.
1.3 STREET ADDRESS 4567 HOLLY DRIVE
1.4 CITY-ST-ZIP PALM BEACH GARDENS FL 33410

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE SD
3.2 NAME MAYES, TOM
3.3 STREET ADDRESS 2177 R-ADMOZ CT. JUNO ISLES
3.4 CITY-ST-ZIP NORTH PALM BEACH FL 33408

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

SIGNATURE: *John Van Sickle* 12 Aug 99 561-691-8220