FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT #

(6)

KIWANIS CLUB OF FORT LAUDERDALE-CORAL RIDGE, INC.

FILED Feb 16 1998 8:00am Secretary of State

•										
Principal Plac	e of Business	\$	Mailing Addres	Mailing Address			1 18811101 018 11000 11100 1110 1001 6111 81011 61611 61611 61611 61611 61611 61611	DIA TUET		
C/O RICHARD D. HELLER C/O RICHARD D. HELLER							3. Date Incorporated or Qualified			
110 S.E. 6TH STREET 28TH FLOOR 110 S.E. 6TH STREET							11/04/1987			
FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301							4. FEI Number Applie	d For		
								plicable		
2. Principal F	Place of Busin	ess	 	2e. Mailing Address 26			5. Certificate of Status Desired S8.75 Additional Status Desired	60.75		
Suite, Apt.	#, etc.		Suite, Apt. #	Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May			
22			27	27			Trust Fund Contribution Added to Fee			
City & Stat	le		City & State				7. Is this nonprofit corporation a homeowners association?			
Zip Country			Zip Cour			<u> </u>				
24	26		·	29 30		,	6. This corporation owes or has paid the current year intanging Personal Property Tax due June 30.			
9. Name and Address of Current				30	1		10. Name and Address of New Registered Agent			
						Name				
HELLER, RICHARD D.					<u></u>	0	4.4.4.4.75.0.D. N			
110 S.E. 6TH ST.					82	Street	at Address (P.O. Box Number is Not Acceptable)			
28TH FLOOR					83					
FT LAUDERDALE FL 33301-2000					<u> </u>					
					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.	ID DIRECTORS	(NOTE: Ho	13.	eni signaturi	re required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12				
TITLE	P	OI TIOLITO NI		ELETE	1.1 TITLE	()		Addition		
NAME	STEVENS, CARYL				1.2 NAME	U/	EUGENE ANDRESEN	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
STREET ADDRESS 1311 N.W. 42ND ST.				1.3 STREET ADDRESS		T ADDRESS	10400			
CITY-S1-ZIP OAKLAND PARK FL				1.4 CHY-SI-ZIP			Pompano Beach, FL 33064-3050			
TITLE					2.1 TITLE			Addition		
NAME	tramma anna.				2.2 NAME					
STREET ADDRESS 5800 NE 21 TERRACE				2.3 STREET ADDRESS		T ADDRESS				
CITY-ST-ZIP	CITY-ST-ZIP FT. LAUDERDALE FL			2.4 CITY-ST-ZIP						
TITLE	D DELETE			ELETE	3.1 TITLE		Change	Addition		
NAME	NAME JONES, CARL R				3.2 NAME		•••			
STREET ADDRESS 251 NW 49TH AVE				3.3 STREET ADDRESS		ADDRESS	349 S. W. 14 Court			
CITY-ST-ZIP PLANTATION FL				3.4. CITY-ST-ZIP		ST-ZIP	Pompano Beach, FL 33050 8617 Addition			
TITLE D			D	ELETE	TE 4.1 TITLE		Cyaude Chaude Chaude	Addition		
HAME PARLOW, ERIC				4. 2 NAME						
STREET ADDRESS 1750 NE 38TH ST				4.3 STREET ADDRESS		ADDRESS				
CITY-ST-ZIP OAKLAND PARK FL					4.4 City-St-ZiP					
TITLE	P		□ D	ELETE	5.1 TITLE		Change	Addition		

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 suppliemental 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 changes, or on an attachment with an address.

5.2 NAME

6.1 TITLE

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

SIGNATURE:

BOWDREN, BILL

POMPANO BEACH FL

ANDERSEN, EUGENE

901 N. RIVERSIDE DR., #4-A

3400 N.W. 5TH TERRACE, APT. 116

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

2/5/58 954,491.2586

2011 N. E. 52 Street

SANDRA BARRY

Addition