

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N24616 (7)

1. Corporation Name

KIWANIS CLUB OF SINGER ISLAND SUNRISE, FLORIDA, INC.



Principal Place of Business

Mailing Address

**98 LAKE DRIVE
PALM BEACH SHORES FL 33401
US**

**1401 FORUM WAY, SUITE 500
WEST PALM BEACH FL 33401**

3. Date Incorporated or Qualified

02/03/1988

3a. Date of Last Report

07/19/1995

4. FEI Number

NOT APPLICABLE

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**

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 SALESMA MARINA

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 98 LAKE DRIVE

27

City & State

City & State

23 PALM BEACH SHORES, FL

28

Zip

Country

Zip

Country

24 33404

25 USA

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RADFORD, STEPHEN F., JR.
1401 FORUM WAY, SUITE 500
WEST PALM BEACH FL 33401**

81 Name

John Harre, JR.

82 Street Address (P.O. Box Number is Not Acceptable)

6416 64th Way

83

84 City

West Palm Beach

FL

85 Zip Code

33409

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]

Signature, typed or printed name of registered agent and state of residence

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FRENCH, AUSTIN	
STREET ADDRESS	4400 EMPRESS DR.	
CITY-ST-ZIP	PALM BCH GARDENS FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRE, JOHN	
STREET ADDRESS	4236 - 42ND AVE.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	HARRE, CHRISTINA	
STREET ADDRESS	4236 - 42ND AVE., S.	
CITY-ST-ZIP	LAKE WORTH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	DARR, SUSAN	
STREET ADDRESS	7100 VENITIAN WAY	
CITY-ST-ZIP	LAKE CLARK SHORES FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	KELLER, VIRGINIA	
STREET ADDRESS	2750 OMEGA PL.	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEALY, JOHN	
STREET ADDRESS	1560 6TH STREET	
CITY-ST-ZIP	WEST PALM BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN R. HARRE JR.	
1.3 STREET ADDRESS	6416 64TH WAY	
1.4 CITY-ST-ZIP	W.P.B., FL 33409	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOHN NEALY JR.	
2.3 STREET ADDRESS	1560 6TH STREET	
2.4 CITY-ST-ZIP	W.P.B., FL 33401	
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	RONA CRADDOCK	
3.3 STREET ADDRESS	1011 RAINTREE LANE	
3.4 CITY-ST-ZIP	P.B.G., FL 33410	
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOSEPH E. RICHARD	
4.3 STREET ADDRESS	4700 CHERRY ROAD	
4.4 CITY-ST-ZIP	W.P.B., FL 33417	
5.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MAUREEN BUSSE	
5.3 STREET ADDRESS	101-F SEA OATS DRIVE	
5.4 CITY-ST-ZIP	JUNG Bch, FL 33408	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WARREN MURRAY	
6.3 STREET ADDRESS	2895 GETTYSBERG LANE	
6.4 CITY-ST-ZIP	W.P.B., FL 33409	

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 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:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/96

407-622-6185
Telephone Number

CR2E037 (12/95)