

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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

**SAILFISH MARINA
98 LAKE DRIVE
PALM BEACH SHORES FL 33404
US**

**1401 FORUM WAY, SUITE 500
WEST PALM BEACH FL 33401-2346**



3. Date Incorporated or Qualified
02/03/1988

3a. Date of Last Report
04/02/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **JOSEPH RICHARD**

22 City & State

27 **3606 ALDER DR. # A-1**

23 Zip

Country

28 Zip

Country

24

25

29 **33417**

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HARRE JR. JOHN
6416 64TH WAY
WEST PALM BEACH FL 33409**

81 Name **NEALY JR., JOHN**
82 Street Address (P.O. Box Number is Not Acceptable)
1560 6TH STREET

84 City **WEST PALM BEACH** FL 85 Zip Code **33401**

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

John Nealy Jr.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/4/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HARRE, JOHN R. JR	
STREET ADDRESS	6416 64TH WAY	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	NEALY JR. JOHN	
STREET ADDRESS	1560 6TH STREET	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRADDOCK, RONA	
STREET ADDRESS	1011 RAINTREE LANE	
CITY - ST - ZIP	PALM BEACH GARDENS FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARD, JOSEPH	
STREET ADDRESS	4700 CHERRY ROAD	
CITY - ST - ZIP	WEST PALM BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	BUSSE, MAUREEN	
STREET ADDRESS	101-F SEA OATS DRIVE	
CITY - ST - ZIP	JUNO BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MURRAY, WARREN	
STREET ADDRESS	2895 GETTYSBURG LANE	
CITY - ST - ZIP	WEST PALM BEACH FL	

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NEALY JR. JOHN	
1.3 STREET ADDRESS	1560 6TH STREET	
1.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33401	
2.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CRADDOCK, RONA	
2.3 STREET ADDRESS	1011 RAINTREE LANE	
2.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	
3.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	SWARTOUT, ALICE	
3.3 STREET ADDRESS	628 INLET ROAD	
3.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
4.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MURRAY, WARREN	
4.3 STREET ADDRESS	2895 GETTYSBURG LANE	
4.4 CITY - ST - ZIP	WEST PALM BEACH, FL 33409	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KELLER, VIRGINIA	
5.3 STREET ADDRESS	2750 OMEGA PLACE	
5.4 CITY - ST - ZIP	NORTH PALM BEACH, FL 33408	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANDERSON, WAYNE	
6.3 STREET ADDRESS	10240 ALLAMANDA CIRCLE	
6.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33410	

14. I do 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:

John Nealy Jr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038196

CR2E037 (9/96)