## 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 #

N24616

(7)

KIWANIS CLUB OF SINGER ISLAND SUNRISE, FLORIDA, INC.					
Principal Place of Business Mailing Address				OLON CION BION DIEN FORM	
SAILFISH MARIN 98 LAKE DRIVE PALM BEACH S US		JOSEPH RICHARD 3606 ALDER DR. #A-1 WEST PALM BEACH FL 3341 US	,	3. Date Incorporated or Qualified  02/03/1988  4. FEI Number	Applied For
				NOT APPLICABLE	Not Applicable
2. Principal Pl	lace of Business	28. Mailing Address 26. VANN BA Suite. Apt. **, etc. 27. 3/57 NAVA City & State 28. Wist Palm	uks	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	1:0: 11	6. Election Campaign Financing	\$5.00 May Be
22 27 3/57 NAVAN		ah.ll ka	Trust Fund Contribution	Added to Fees	
City & State City & State  28 Wissi Paly		Reach Fl	7. Is this nonprofit corporation a homeowners	association? No	
<b>Zip</b>	Country	Zip 2 (4 ) T	Country	8. This corporation owes or has paid the curre	
24	25	zip <sub>33</sub> 417 3	o USA	Personal Property Tax due June 30.	Yes Mo
	9. Name and Address of Current			10. Name and Address of New Registered A	gent
81 Name WA				WARREN MULLAY	
NEALLY JR JOHN 82 Street Address			Address (P.O. Box Number is Not Acceptable) 281.5 GRTTYS burg Lane		
1560 6TH \$T. WEST PALM BEACH FL 33401			HIS GETTYS BUY CAME	· · · · · · · · · · · · · · · · · · ·	
11601 17	ADM BEACH IE 35401			WEST PAIN BEACK 33	909
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.					
agent. I am familiar with, and accept the obligations of Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed generated name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinsteiting)  DATE					7-78
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE 💋	WAYNE ANDERSON	Change Addition
NAME	NEALLY JR JOHN		1.2 NAME	10240 A LLAMANDA Cia	
STREET ADDRESS	1560 6TH ST.		1.3 STREET ADDRESS	A L AMIL L' L. El	221110
CITY-ST-ZIP TITLE	WEST PALM BEACH FL	DELETE	1.4 CHTY-ST-ZIP 2.1 TITLE	Scott Michanels	Change Addition
NAME	CRADDOCK, RONA	occent	2.1 TITLE 💋 2.2 NAME	SCOTT MCCHANELS	Onange Addition
STREET ADDRESS	1011 RAINTREE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		2. 4 CITY-ST-ZIP	Singer Island FL 3	3404
TITLE	VD	☐ DELETE	3.1 TITLE	140 140 1	Change Addition
NAME	CRADDOCK, RONA		3.2 NAME	CARMINE NAPOL; 170 LAKE MERYL DA WEST PALA BEACH FL 3 Ida Napol;	
STREET ADDRESS	1011 RAINTREE LANE		3.3 STREET ADDRESS	110 LAKE MEXYE DE	3411
CITY-ST-ZIP TITLE	PALM BEACH GARDENS FL VD	☐ DELETE	3.4. CITY - ST - ZIP 4.1 TITLE	TI DEACH DEACH IE	Change Addition
NAME	MURRAY, WARREN		4. 2 NAME	Ida Napoli	
STREET ADDRESS	2895 GETTYSBURG LANE		4.3 STREET ADDRESS	170 Lake Heryl On	
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP	WEST PALM BEACH, LI	33411
TITLE	0	DELETE	5.1 TITLE	Ida Napoli 170 lake Henyl On Wiss Palm Bruch, Fl Alice Swanfout 628 Inlet Ad. North Palm Brach, Fl 3	Change Led Addition
NAME	KELLER, VIRGINIA		5.2 NAME	628 INCAT Ad.	
STREET ADDRESS	2750 OMEGA PLACE N. PALM BCH FL		5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	North Polar Boach Fl. 3	3408
CITY-ST-ZIP TITLE	D D	☐ DELETE	6.1 TITLE	THIN THE THREE TO	Change Addition
NAME	MURRAY, WARREN		6.2 NAME	- -	
STREET ADDRESS	2895 GETTYSBURG LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		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.

CICNATURE.

from D May

5/5/98

**FILED** 

May 20 1998 8:00am

Secretary of State

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