

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N29530 (5)

1. Corporation Name

KIWANIS CLUB OF FORT LAUDERDALE SOUTHSIDE FOUNDATION, INC.

Principal Place of Business

C/O LAWRENCE L. DAVIS
P.O. BOX 495
FT. LAUDERDALE FL 33302

Mailing Address

C/O LAWRENCE L. DAVIS
P.O. BOX 495
FT. LAUDERDALE FL 33302



3. Date incorporated or Qualified

12/02/1988

3a. Date of Last Report

03/09/1995

4. FEI Number

65-0191239

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

21 C/O AL MEILAN

Suite, Apt. #, etc.

22 1100 SO. FEDERAL HWY

City & State

23 FT. LAUDERDALE FL

Zip

24 33316

Country

25 USA

2a. Mailing Address

26 C/O AL MEILAN

Suite, Apt. #, etc.

27 1100 SO. FEDERAL HWY

City & State

28 FT. LAUDERDALE FL

Zip

29 33316

Country

30 USA

9. Name and Address of Current Registered Agent

MEILAN, AL
1100 S FEDERAL HWY
FT. LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name
FREDRICK C. HEIDGERD

82 Street Address (P.O. Box Number is Not Acceptable)
800 SE THIRD AVE.

83 SUITE #300

84 City
FT. LAUDERDALE

FL

85 Zip Code
33316

11. Pursuant to the provisions of Sections 617.0502 and 617.1503, 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
FREDRICK C. HEIDGERD

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

(NOTE: Registered Agent signature required when reinstating)

JUNE 20, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
D
RAYMOND, RON
STREET ADDRESS
3201 N FED HWY #200
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

TITLE
NAME
D
ROLLINS, ROBERT
STREET ADDRESS
1305 MANDARIN ISLE
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

TITLE
NAME
D
TUDOR, HISE
STREET ADDRESS
1901 NE 17TH WAY
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

TITLE
NAME
D
WATERS, FRANK
STREET ADDRESS
800 SW 18TH COURT
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

TITLE
NAME
D
GIARDINO, NICK
STREET ADDRESS
1319 S ANDREWS AVE
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

TITLE
NAME
D
CLARK, ANN
STREET ADDRESS
1625 SE 10TH AVE #905
CITY-ST-ZIP
FT. LAUDERDALE FL
☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
D
MICHAEL HULL
3698 NE 18th. AVENUE
FT. LAUDERDALE FL 33334
☒ Change ☐ Addition

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
D
DOUG RUTH
1212 NE 8th. AVENUE
FT. LAUDERDALE FL 33304
☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
D
CHARLES STOLL
1104 SOUTH RIO VISTA BLVD.
FT. LAUDERDALE FL 33316
☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TR
ARPAD PAPP
1625 SE 10th. AVENUE #303
FORT LAUDERDALE FL 33316
☒ Change ☐ Addition

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

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: ARPAD PAPP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE 20, 1996 954-921-1500

Date

Daytime Phone #

CR2E037 (3/96)