FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

N29530

(5)

KIWANIS CLUB OF FORT LAUDERDALE SOUTHSIDE FOUNDA TION, INC.

Principal Place	e of Business	М	Mailing Address					T THE FILLOW BLUE FLOTO IN THE RIVINGE BLOCK BOOK BEAUTH BLOCK BLOCK BLOCK BLOCK FLOCK FLO					
C/O AS MEILAN 1100 SO FEDERAL HWY FT LAUDERDALE FL 33316 US			110	C/O AL MEILAN 1100 SO FEDERAL HWY FT LAUDERDALE FL 33316-1257								:	
				US				3. Date Incorpo 12/02/	rated or Qualified 1988	3a. [Date of Last F 07/08/19		
Principal Place of Business Total				2a. Mailing Address 26					4. FEI Number 65-019	1239			pplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.							lot Applicable Additional		
22				7				5. Certificate of	Status Desired			lequired	
City & State				City & State					6. Election Can	paign Financing		\$5.00	May Be
23			28						Trust Fund C	ontribution			to Fees
Zip		Country	_	Zip		Country	'			tion has liability fo			s. 199.032,
24	25 9. Name and Address of Current			30 30					Florida Statu	les Address of New F		∐ No	
g, maine and Address of Cuttont nagistated Agent							N	ame	IV. Hairiy Elity A	COLESS OF MAN L	ieā ieta ec	Mani	
HEIDGERD, FREDRICK C													
800 SE THIRD AVE							St	reet Addres	ddress (P.O. Box Number is Not Acceptable)				
SUITE 300										\ \ \			· · · · · · · · · · · · · · · · · · ·
FT LAUDERDALE FL 33316						84	6	4	····				
							Ci	•			FL	_ `	Code
11. Pursuant	to the provisions	of Sections 617.0502	and 6	317.1508, Florida Statut da Such change was a	tes, th	e above	-na	med corpor	ration submits this	statement for the	purpose	of changing	its registered
agent. I a	m familiar with,	and accept the obligati	ons o	f. Section 617.0503, Flo	orida	Statutes	r urne S.	COIPOIAGO	ris board or direc	tors. I hereby acc	ebruesb	pointment as	registeren
SIGNATURE _	Classics bands			7 6 1									
THE STATE OF THE S							gislered Agent signature requi			HANGES TO OFF	DATE	ID DIDECTO:	DC IN 12
TITLE	D	OF TOLIO TAID	DINE	DELETE		1.1 TITLE			ADDITIONS/C	HANGES TO OFF	ICENS AN	Change	Addition
NAME	HULL, MICH	łael		_		1.2 NAME							
STREET ADDRESS				1.3 \$			ADDF	RESS					· ·
CITY-ST-ZIP							T-ZIP	1					
TITLE	D			☐ DELETE		2.1 TITLE						☐ Change	Addition
NAME	RUTH, DOL	IG			2	2.2 NAME							
STREET ADDRESS	1212 NE 81	'H AVE		2.3 S			2.3 STREET ADDRESS						
CITY-ST-ZIP	FT LAUDER	DALE FL			2	2. 4 CITY - S	ST - ZII	P		ţ.·	:		
TITLE	D			DELETE	3	3.1 TITLE						Change	Addition
NAME	STOLL, CH			3.2 N									
STREET ADDRESS		H RIO VISTA BLVD		. 3.3 S			ADDF	RESS					
CITY-ST-ZIP	FT LAUDER	DALE FL				3.4. CITY-S	T- ZII	Р					
TITLE	TR			☐ DELETE	1	1.1 TITLE						Change	Addition
NAME	ARPAD, PA					. 2 NAME							
STREET ADDRESS		TH AVE #303			1	1.3 STREET							
CITY-ST-ZIP TITLE	FT LAUDER	DALE FL		DELETE		.4 CITY-S	T - ZIP					TT Observe	4.4491
NAME				m nereie		5.1 TITLE						☐ Change	Addition
i						3.2 NAME							
STREET ADDRESS						3.3 STREET							
CITY-ST-ZIP TITLE				DELETE		3.4 CITY - S	: - ZIP	· -		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition
NAME				- Deceme								C PURNUE	Addition
STREET ADDRESS						5,2 NAME	ADA	oree					
CITY-ST-ZIP						3.3 Street 3.4 City-51							
-171 0 50							1-41						

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 equival 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:

FILED

Feb 12 1997 8:00am

Secretary of State