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 # N31398 (3)

1. Corporation Name
FLAGLER, PALM COAST, KIWANIS FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O FRANK B. CARROLL 16 CRESCENT CT., S. PALM COAST FL 32137 US	C/O FRANK B. CARROLL P O BOX 350423 PALM COAST FL 32135-0423 US

2. Principal Place of Business	2a. Mailing Address
21 c/o David V. Hale	28 c/o David V. Hale
Suite, Apt. #, etc. 22 62 Christopher Ct.	Suite, Apt. #, etc. 27 PO Box 350423
City & State 23 Palm Coast, FL	City & State 26 Palm Coast, FL
Zip / Country 24 32137 / 25 USA	Zip / Country 29 32135-0423 / 30 USA

3. Date Incorporated or Qualified: 03/28/1989
3a. Date of Last Report: 04/14/1995
4. FEI Number: 59-2941424 ☐ 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

HALE, DAVID H.
62 CHRISTOPHER CT.
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HARRIS, EDWARD 249 BEECHWOOD LANE PALM COAST FL 32137	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	D Nadeau, Frank 13 Westgate Lane Palm Coast, FL 32164	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S REMORINO, ANN 28 FELSHIRE LANE PALM COAST FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HASSELL, HENRY 12 FORTRESS PL PALM COAST FL	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D Bedell, Robert 5 Whittle Place Palm Coast, FL 32164	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KLINKENBERG, WILLIAM 3 FILBERT LANE PALM COAST FL	☑ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Behme, Kurt 10 Mid Pine Circle Palm Coast, FL 32137	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T HALE, DAVID V 62 CHRISTOPHER CT PALM COAST FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000001895910 -07/17/96--01016--028 ***61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ROSEN, JOEL L 56 COCHISE CT PALM COAST FL	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	P Rosen, Joel L. 56 Cochise CT Palm Coast, FL 32137	☑ Change ☐ Addition

CR2E037 (3/96)

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: David V. Hale David V. Hale, Treasurer 6-13-96 904 446-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #