

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Aug 01 1997 8:00am
Secretary of State

DOCUMENT # N31398 (3)
1. Corporation Name
FLAGLER, PALM COAST, KIWANIS FOUNDATION, INC.



Principal Place of Business Mailing Address
C/O DAVID V. HALE
62 CHRISTOPHER CT.
PALM COAST FL 32137
US P.O. BOX 350423
PALM COAST FL 32135-0423
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2 FERRIS LANE		2a. Mailing Address 26		3. Date Incorporated or Qualified 03/28/1989		3a. Date of Last Report 07/16/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2941424		Applied For Not Applicable	
City & State 23 PALM COAST, FL		City & State 28		5. Certificate of Status Desired 6. Election Campaign Financing Trust Fund Contribution		☐ \$8.75 Additional Fee Required ☐ \$5.00 May Be Added to Fees	
Zip 24 32137		Country 25 FLAGLER		Zip 29		Country 30	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 2 FERRIS LANE
83
84 City PALM COAST
85 Zip Code FL 32137

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	☒ DELETE	1.1 TITLE D	☐ Change ☐ Addition
NAME NADEAU, FRANK		1.2 NAME RICHARD HALL	
STREET ADDRESS 13 WESTGATE LANE		1.3 STREET ADDRESS 7 BLACKTHORN CT	
CITY-ST-ZIP PALM COAST FL 32164		1.4 CITY-ST-ZIP PALM COAST, FL 32137	
TITLE S	☒ DELETE	2.1 TITLE V	☐ Change ☒ Addition
NAME REMORINO, ANN		2.2 NAME TOM BASSETT	
STREET ADDRESS 28 FELSHERE LANE		2.3 STREET ADDRESS 23 WESTLAWN PL	
CITY-ST-ZIP PALM COAST FL		2.4 CITY-ST-ZIP PALM COAST, FL 32164	
TITLE D	☐ DELETE	3.1 TITLE P	☐ Change ☐ Addition
NAME BEDELL, ROBERT		3.2 NAME	
STREET ADDRESS 5 WHITTLE PLACE		3.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL 32164		3.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME BEHME, KURT		4.2 NAME	
STREET ADDRESS 10 MID PINE CIRCLE		4.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL 32137		4.4 CITY-ST-ZIP	
TITLE T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME HALE, DAVID V		5.2 NAME	
STREET ADDRESS 62 CHRISTOPHER CT		5.3 STREET ADDRESS	
CITY-ST-ZIP PALM COAST FL		5.4 CITY-ST-ZIP	
TITLE P	☒ DELETE	6.1 TITLE P	☐ Change ☒ Addition
NAME ROSEN, JOEL L		6.2 NAME KEN KLINKENBERG	
STREET ADDRESS 58 COCHISE CT		6.3 STREET ADDRESS 76 FRANCISCAN LANE	
CITY-ST-ZIP PALM COAST FL 32137		6.4 CITY-ST-ZIP PALM COAST, FL 32137	

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
DAVID V. HALE
7/20/97

CR2E037 (4/97)