SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Aug 05 1998 8:00am
Secretary of State

DOCUMENT # N31398 (3)

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

Principal Place of Business	Mailing Address
2 FERRIS LANE 62 CHRISTOPHER CT. PALM COAST FL 32137 US	P.O. BOX 350423 PALM COAST FL 32135-0423 US

3. Date Incorporated or Qualified: 03/28/1989
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
7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 62 CHRISTOPHER CT	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: PALM COAST, FL	28 City & State
24 Zip: 32137 25 Country: USA	29 Zip 30 Country

9. Name and Address of Current Registered Agent

HALE, DAVID H.
2 FERRIS LANE
PALM COAST, FL 32137

10. Name and Address of New Registered Agent

81 Name: DAVID V. HALE
82 Street Address (P.O. Box Number is Not Acceptable): 62 CHRISTOPHER CT
83
84 City: PALM COAST FL 85 Zip Code: 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: David Hale DAVID V. HALE, FOUNDATION TREASURER 7/24/98
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		☐ Change ☐ Addition
NAME	HALL, RICHARD		1.2 NAME		
STREET ADDRESS	7 BLACKTHORN CT		1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BASSETT, TOM		2.2 NAME		
STREET ADDRESS	23 WESTLAWN PL		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM COAST FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ 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	D	☐ Change ☑ Addition
NAME	KLINKENBERG, KEN		6.2 NAME	WILLIAM VENNE	
STREET ADDRESS	76 FRANCISCAN LANE		6.3 STREET ADDRESS	27 BECKER LANE	
CITY-ST-ZIP	PALM COAST FL		6.4 CITY-ST-ZIP	PALM COAST, FL 32137	

CR2E037 (5/98)

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.

SIGNATURE: David Hale DAVID V. HALE 7/24/98 904 446-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #