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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31398

1. Corporation Name

FLAGLER, PALM COAST, KIWANIS FOUNDATION, INC.

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

2. Principal Place of Business 21 17 PATUXENT LANE Suite, Apt. #, etc. 22 PALM COAST City & State 23 FLORIDA Zip 24 32164 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 03/28/1989 4. FEI Number 59-2941424 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

HALE, DAVID V
62 CHRISTOPHER CT
PALM COAST FL 32137

10. Name and Address of New Registered Agent

81 Name: NEAL R. McCAPPIN, NEAL R.
82 Street Address (P.O. Box Number is Not Acceptable): 17 PATUXENT LANE
83: PALM COAST
84 City: PALM COAST FL 85 Zip Code: 32164

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: NEAL R. McCAPPIN, TREASURER — Neal R McCappin — 6/21/99
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D HALL, RICHARD 7 BLACKTHORN CT PALM COAST FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	V	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BASSETT, TOM 23 WESTLAWN PL PALM COAST FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TREASURER McCAPPIN, NEAL R. 17 PATUXENT LANE PALM COAST, FLORIDA 32164	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEDELL, ROBERT 5 WHITTLE PLACE PALM COAST FL 32164	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BEHME, KURT 10 MID PINE CIRCLE PALM COAST FL 32137	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ 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	PRESIDENT RICHARD McCLOSKEY P.O. BOX 350423 PALM COAST, FLORIDA 32135	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VENNE, WILLIAM 27 BECKER LANE PALM COAST FL 32137	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE: Neal R McCappin — NEAL R. McCAPPIN — 6/21/99 — (904) 446-1948
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

REQUIRED

CR2E037 (11/98)