

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # N41342

1. Entity Name
THE JUPITER-TEQUESTA KIWANIS FOUNDATION, INC.



Principal Place of Business

**P.O. BOX 4144
TEQUESTA, FL 33469**

Mailing Address

**P.O. BOX 4144
TEQUESTA, FL 33469**



03092005 No Chg-NP

CR2E037 (10/03)

4. FEI Number
65-0242960

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**FUSARD, EUGENE D
16607 NARROWS DR.
JUPITER, FL 33477**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinsuring)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | P |
| NAME | FRASEO, EUGENE D |
| STREET ADDRESS | 16607 NEROME DR |
| CITY-ST-ZIP | JUPITER, FL 33477 |
| TITLE | VP |
| NAME | ELLIOTT, WILLIAM |
| STREET ADDRESS | 45 LAUREL OAK CIR. |
| CITY-ST-ZIP | TEQUEASTA, FL 33469 |
| TITLE | D |
| NAME | HAGER, DEBBI |
| STREET ADDRESS | 431 JUPITER LAKES BLVD #211 B |
| CITY-ST-ZIP | JUPITER, FL 33458 |
| TITLE | T |
| NAME | PULLON, STEVE |
| STREET ADDRESS | 24 STA-BOARD WAY |
| CITY-ST-ZIP | TEQUESTA, FL 33469 |
| TITLE | D |
| NAME | MARIE, PATRICIA |
| STREET ADDRESS | 95 GULFVIEW DR. |
| CITY-ST-ZIP | TEQUESTA, FL 33469 |
| TITLE | S |
| NAME | GRIVJACK, MARTIN |
| STREET ADDRESS | 17114 123 TERR N |
| CITY-ST-ZIP | JUPITER, FL 33478 |

1000000311914
04/18/05-80062-025 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Debbi Hager
Debbi Hager

4/13/05