

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N42396** (4)

1. Corporation Name

**KIWANIS CLUB OF WESTSIDE, WEST PALM BEACH FROST FUND, INC.**



Principal Place of Business

Mailing Address

1750 N FLA MANGO RD #301  
W PALM BCH. FL 33409

1750 N FLA MANGO RD #301  
W PALM BCH. FL 33409

3. Date Incorporated or Qualified  
**03/07/1991**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PARTON, ROBERT**  
1447 SW 14 ST.  
BOCA RATON FL 33486

81

Name

82

Street Address/P.O. Box Number (if Not Acceptable)

83

City

84

State

85

Zip Code

**Debbie McEldowney**

**1750 N Fla Mango Rd #301**

**West Palm Beach**

**FL**

**33409**

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 obligation of, Section 617.0503, Florida Statutes.

SIGNATURE

*Debbie McEldowney*

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☒ DELETE  
NAME **KAUTZ, RAY**  
STREET ADDRESS **1860 FOREST HILL BLVD**  
CITY-STATE-ZIP **W PALM BCH. FL**

1.1 TITLE **PD** ☐ Change ☒ Addition  
1.2 NAME **Ginger Johnson**  
1.3 STREET ADDRESS **852 Blue Ridge Cir**  
1.4 CITY-STATE-ZIP **West Palm Beach, FL 33409**

TITLE **VPD** ☐ DELETE  
NAME **MCELDOWNEY, DEBBIE**  
STREET ADDRESS **1730 N. FLORIDA MANGO RD**  
CITY-STATE-ZIP **W P B FL**

2.1 TITLE **SD** ☒ Change ☐ Addition  
2.2 NAME **1750 N Fla Mango Rd #301**  
2.3 STREET ADDRESS **West Palm Beach, FL 33409**

TITLE **SD** ☒ DELETE  
NAME **JOHNSON, BARBARA**  
STREET ADDRESS **1900 W 23RD ST**  
CITY-STATE-ZIP **W P B FL**

3.1 TITLE **TD** ☐ Change ☒ Addition  
3.2 NAME **Lori Hausman**  
3.3 STREET ADDRESS **931 Village Blvd #905413**  
3.4 CITY-STATE-ZIP **West Palm Beach, FL 33409**

TITLE **TD** ☐ DELETE  
NAME **BRANDENBURG, CLEM**  
STREET ADDRESS **2000 PALM BEACH LAKES BLVD. #800**  
CITY-STATE-ZIP **W P B FL**

4.1 TITLE **VPD** ☒ Change ☐ Addition  
4.2 NAME **West Palm Beach, FL 33409**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-ZIP

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:

*Lori J Hausman*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Lori J Hausman**

**2/7/96**

**407-687-1169**  
Daytime Phone

CR2E037 (12/95)