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FILED
Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 02/19/1996
4. FEI Number 65-0391560 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
MCELDOWNEY, DEBBIE
1750 N FLA MANGO ROAD 301
WEST PALM BEACH FL 33409

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, GINGER	
STREET ADDRESS	852 BLUE RIDGE CIRCLE	
CITY-ST-ZIP	W PALM BCH. FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MCELDOWNEY, DEBBIE	
STREET ADDRESS	1730 N FLA MANGO ROAD 301	
CITY-ST-ZIP	W P B FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HAUSMAN, LORI	
STREET ADDRESS	931 VILLAGE BLVD 905-413	
CITY-ST-ZIP	W P B FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BRANDENBURG, CLEM	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD. #800	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Furancz, Hal	
1.3 STREET ADDRESS	1144 Wynnewood Dr.	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Jason, Patricia	
3.3 STREET ADDRESS	7922 Coral St.	
3.4 CITY-ST-ZIP	Lantana, FL 33462	
4.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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.

CR2E037 (9/96)