

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 05 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | 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

4. FEI Number

65-0391560

Applied For

Not Applicable

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

10. Name and Address of New Registered Agent

MCELDOWNEY, DEBBIE

~~1750 N FLA MANGO ROAD #301~~
~~WEST PALM BEACH FL 33409~~

8554 White Egret Way
LAKE WORTH, FL 33467

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

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 VPB PD
NAME FURANCZ, HAL
STREET ADDRESS 1144 WYNNEWOOD DR
CITY-ST-ZIP W PALM BCH. FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME MCELDOWNEY, DEBBIE
STREET ADDRESS ~~1750 N FLA MANGO ROAD 301~~
CITY-ST-ZIP ~~W-P-B-FL~~ West Palm Beach, FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME ~~JASON, PATRICIA~~ BARBARA Johnson
STREET ADDRESS ~~7022 GORDON ST~~ 1900 W. 23rd St.
CITY-ST-ZIP ~~LANTANA FL~~ Kiviera Bch, FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE PD
NAME ~~BRANDENBURG, GLEM~~
STREET ADDRESS ~~2000 PALM BEACH LAKES BLVD. #800~~
CITY-ST-ZIP ~~WEST PALM BEACH FL~~

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME Dolores Korf
STREET ADDRESS 3701-B SANDRY LANE
CITY-ST-ZIP WEST PALM BEACH, FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Robert A. M. [Signature]

1-20-98

561-439-9688

CR2E037 (1097)