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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N42396

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 **1301 BELVEDEKE RD**

Suite, Apt. #, etc.

22

City & State

23 **WEST PALM BEACH, FL**

Zip **33480**

Country

25 **USA**

24

2a. Mailing Address

26 **PO BOX 16995**

Suite, Apt. #, etc.

27

City & State

28 **WEST PALM BEACH, FL**

Zip **33416**

Country

30

3. Date Incorporated or Qualified

03/07/1991

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

9. Name and Address of Current Registered Agent

**MCELDOWNEY, DEBBIE
8554 WHITE EGRET WAY
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent

81 Name **LORI J. HAUSMAN**

82 Street Address (P.O. Box Number is Not Acceptable)

724 KITTYHAWK WAY

83

84 City **NORTH PALM BEACH**

FL

85 Zip Code **33408**

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

3/24/99

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **FURANCZ, HAL**
STREET ADDRESS **1144 WYNNEWOOD DR**
CITY-ST-ZIP **W PALM BCH. FL**

TITLE **SD** ☒ DELETE
NAME **MCELDOWNEY, DEBBIE**
STREET ADDRESS **8554 WHITE EGRET WAY**
CITY-ST-ZIP **LAKE WORTH FL 33467**

TITLE **TD** ☒ DELETE
NAME **JOHNSON, BARBARA**
STREET ADDRESS **1900 W 23RD ST**
CITY-ST-ZIP **RIVIERA BCH FL**

TITLE **VD** ☐ DELETE
NAME **KORF, DOLORES**
STREET ADDRESS **3701 B SAVORY LANE**
CITY-ST-ZIP **WEST PALM BCH FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **S** ☐ Change ☒ Addition
1.2 NAME **OLLIS, BRUCE**
1.3 STREET ADDRESS **958 HICKORY TRAIL**
1.4 CITY-ST-ZIP **WELLINGTON, FL 33414**

2.1 TITLE **TD** ☐ Change ☒ Addition
2.2 NAME **JOHNSON, GINGER**
2.3 STREET ADDRESS **4886 CLASSIC LANE**
2.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

3.1 TITLE **VD** ☐ Change ☒ Addition
3.2 NAME **CARLINO, STEVE**
3.3 STREET ADDRESS **899 SUNFLOWER AVE**
3.4 CITY-ST-ZIP **DELRAY BEACH, FL 33445**

4.1 TITLE **PD** ☒ Change ☐ Addition
4.2 NAME **KORF, DOLORES**
4.3 STREET ADDRESS **3701 B SAVORY LANE**
4.4 CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

6.1 TITLE ☐ Change ☐ Addition
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, with all other like empowered.

SIGNATURE:

[Signature] **SIGNATURE REQUIRED**

3/24/99 (561) 798-2602

Date

Daytime Phone #

CR2E037 (1/98)