

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 17, 2003 8:00 am**  
**Secretary of State**

01-17-2003 90026 014 \*\*\*\*61.25

**DOCUMENT # N42396**

1. Entity Name

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



Principal Place of Business

**1301 BELVEDERE RD  
W PALM BCH. FL 33480**

Mailing Address

**PO BOX 16995  
W PALM BCH. FL 33416**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0391560**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JOHNSON, RANDY K SR.  
1900 W. 23RD STREET  
RIVIERA BEACH FL 33404**

Name

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

City

**FL**

Zip Code

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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete  
NAME **JOHNSON, RANDY K SR.**  
STREET ADDRESS **1900 W. 23RD STREET**  
CITY-ST-ZIP **RIVIERA FL 33404**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **JOHNSON, GINGER**  
STREET ADDRESS **4886 CLASSIC LANE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PATTY, JASON**  
STREET ADDRESS **12906 INSHORE DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL 33410**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **T** ☐ Delete  
NAME **KORF, DOLORES**  
STREET ADDRESS **3701 B SAVORY LANE**  
CITY-ST-ZIP **WEST PALM BCH FL 33417**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☒ Delete  
NAME **JOHNSON, BARBARA**  
STREET ADDRESS **1980 WILSON STREET**  
CITY-ST-ZIP **DELRAY BEACH FL 33484**

TITLE **PRESIDENT** ☐ Change ☒ Addition  
NAME **HARVEY WHITE**  
STREET ADDRESS **700B GALLCON COVE CIRCLE**  
CITY-ST-ZIP **PALM BEACH GARDENS, FL 33418**

TITLE **D** ☐ Delete  
NAME **MACDOANLD, DOROTHY**  
STREET ADDRESS **624 SEAPINE WAT APT G 3**  
CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 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]*

1/14/03

(561)

848-9393

CF2E037 (10/02)