

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1997</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **N47640** (0)

1. Corporation Name

**KIWANIS CLUB OF HOLLYWOOD BEACH, HOLLYWOOD, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**3508 CLEVELAND STREET  
HOLLYWOOD FL 33021**

**3508 CLEVELAND STREET  
HOLLYWOOD FL 33021-4921**



|   |  |  |  |   |   |
|---|--|--|--|---|---|
| <b>2. Principal Place of Business</b><br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country  |  | <b>2a. Mailing Address</b><br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country        |  | <b>3. Date Incorporated or Qualified</b><br><b>03/02/1992</b>   | <b>3a. Date of Last Report</b><br><b>02/22/1996</b> |
| <b>4. FEI Number</b><br><b>59-6153449</b>   |  | <b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  | <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |   |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |  |  |  |   |   |

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**SELF, WILLIAM J  
3508 CLEVELAND ST  
HOLLYWOOD FL 33021**

|         |   |    |           |             |
|---------|---|----|-----------|-------------|
| 81 Name | 82 Street Address (P.O. Box Number is Not Acceptable) | 83 | 84 City   | 85 Zip Code |
|         |   |    | <b>FL</b> |             |

**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                      | PD <input checked="" type="checkbox"/> DELETE  | 1.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | BERGMAN, BAKER                                 | 1.2 NAME  | BERGMAN, BAKER   |
| STREET ADDRESS             | 315 JEFFERSON STREET                           | 1.3 STREET ADDRESS                                    | 315 JEFFERSON ST.  |
| CITY-ST-ZIP                | HOLLYWOOD FL                                   | 1.4 CITY-ST-ZIP                                       | HOLLYWOOD, FLA   |
| TITLE                      | DVP <input checked="" type="checkbox"/> DELETE | 2.1 TITLE   | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       | DIETZ, SAMUEL                                  | 2.2 NAME  | DIETZ, SAMUEL  |
| STREET ADDRESS             | 1026 POLK STREET                               | 2.3 STREET ADDRESS                                    | 1026 POLK ST   |
| CITY-ST-ZIP                | HOLLYWOOD FL                                   | 2.4 CITY-ST-ZIP                                       | HOLLYWOOD, FLA.  |
| TITLE                      | D <input checked="" type="checkbox"/> DELETE   | 3.1 TITLE   | DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | KUSHNER, MORTIMER                              | 3.2 NAME  | KUSHNER, MORTIMER  |
| STREET ADDRESS             | 630 BRIARWOOD CIR                              | 3.3 STREET ADDRESS                                    | 630 BRIARWOOD CIRCLE   |
| CITY-ST-ZIP                | HOLLYWOOD FL                                   | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      | SD <input type="checkbox"/> DELETE             | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | SELF, JANE A                                   | 4.2 NAME  |  |
| STREET ADDRESS             | 3508 CLEVELAND ST                              | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HOLLYWOOD FL                                   | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      | TD <input type="checkbox"/> DELETE             | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                |
| NAME                       | SELF, WILLIAM                                  | 5.2 NAME  |  |
| STREET ADDRESS             | 3508 CLEVELAND STREET                          | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HOLLYWOOD FL                                   | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      | <input type="checkbox"/> DELETE                | 6.1 TITLE   | PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition  |
| NAME                       |  | 6.2 NAME  | KAMERON, MARCY   |
| STREET ADDRESS             |  | 6.3 STREET ADDRESS                                    | 4321 THOMAS ST.  |
| CITY-ST-ZIP                |  | 6.4 CITY-ST-ZIP                                       | HOLLYWOOD, FLA.  |

**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.**

SIGNATURE: *William J Self* 1-21-97 (994) 982-2255

CR2E037 (9/96)