FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N48775** **(3)**

1. Corporation Name

KIWANIS CLUB OF CENTRAL BROWARD, INC.

Principal Place of Business	Mailing Address
KEN LARK PARK FT LAUDERDALE FL 33311 US	P.O. BOX 1340 FT LAUDERDALE FL 3302-340 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/07/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 10-5226594 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

9. Name and Address of Current Registered Agent

FLORIDA DISTRICT OF KIWANIS INTERNATIONALC
1111 EAST PARK LAKE STREET
ORLANDO FL 32803

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	TD ☑ Change ☐ Addition
NAME	JORDAN, ROBERT	12 NAME	Wylie Howard
STREET ADDRESS	7401 S.W. 9TH ST	13 STREET ADDRESS	5241 NW 46th Terr.
CITY-ST-ZIP	PLANTATION FL	14 CITY-ST-ZIP	Ft. Lauderdale, Fla. 33311
TITLE	TD	21 TITLE	PD ☑ Change ☐ Addition
NAME	GRACE, BOBBIE	22 NAME	Herbert Myers
STREET ADDRESS	110 N.W. 8TH AVE	23 STREET ADDRESS	1811 NW 26 Terr.
CITY-ST-ZIP	DANIA FL	24 CITY-ST-ZIP	Ft. Lauderdale Fla. 33311
TITLE	SD	31 TITLE	☐ Change ☐ Addition
NAME	JEFFERSON, CARL	32 NAME	
STREET ADDRESS	507 N.W. 6 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BCH FL	34 CITY-ST-ZIP	
TITLE	TD	41 TITLE	☑ Change ☐ Addition
NAME	PITTMAN, CECILIA	42 NAME	Willie Baker
STREET ADDRESS	2370 N.W. 42 AVE	43 STREET ADDRESS	PO Box 1026
CITY-ST-ZIP	LAUDERHILL FL	44 CITY-ST-ZIP	Dania, Fla. 33004
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Carl Jeffers 5/1/95 305-782-3181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0009630