


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N48794** (4)

1. Corporation Name

WELLINGTON KIWANIS FOUNDATION, INC.

Principal Place of Business 500 S. AUSTRALIAN AVENUE WEST PALM BCH. FL 33401	Mailing Address C/O FLORIDA DISTRICT OF KIWANIS INTERNATIO 5545 BENCHMARK LANE SANFORD FL 32773-8116
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/08/1992		3a. Date of Last Report 05/24/1996	
4. FEI Number NOT APPLICABLE		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JACKSON, CYNTHIA J
C/O LEWIS, VEGOSEN & ROSENBAUGH P.A.
500 SOUTH AUSTRALIAN AVE., P. O. BOX 4388
WEST PALM BCH. FL 33401-4388**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

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 type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JACKSON, CYNTHIA	1.2 NAME	
STREET ADDRESS	500 SOUTH AUSTRALIAN AVE., 10TH FLOOR	1.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33401	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLANE, JOHN	2.2 NAME	
STREET ADDRESS	12788 W. FOREST HILL BLVD. #2005	2.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BCH. FL 33414	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANDERSON, DAVID	3.2 NAME	SD Mary Lawrence
STREET ADDRESS	476 KINGS WAY	3.3 STREET ADDRESS	2169 GREENVIEW COVE DR
CITY-ST-ZIP	ROYAL PALM BEACH FL 33414	3.4 CITY-ST-ZIP	WELLINGTON FL 33414
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHOFIELD, KAREN	4.2 NAME	
STREET ADDRESS	250 SANDPIPER AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	4.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLMAN, JASON	5.2 NAME	
STREET ADDRESS	11924 FOREST HILL BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLMAN, JAY	6.2 NAME	
STREET ADDRESS	11924 FOREST HILL BLVD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL 33414	6.4 CITY-ST-ZIP	

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: **SIGNATURE REQUIRED**

8-30-97 (561)
993-6414

CP2E037 (4/97)