

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 17 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
----------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

DOCUMENT # **N48794** (4)

1. Corporation Name

**WELLINGTON KIWANIS FOUNDATION, INC.**

Principal Place of Business

Mailing Address

**500 S. AUSTRALIAN AVENUE  
WEST PALM BCH. FL 33401**

**C/O FLORIDA DISTRICT OF KIWANIS INTERNATIO  
5545 BENCHMARK LANE  
SANFORD FL 32773-8116**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**05/08/1992**

4. FEI Number

**NOT APPLICABLE**

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

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

**FL**

85 Zip Code

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

TITLE	PD	<input type="checkbox"/> DELETE
NAME	JACKSON, CYNTHIA	
STREET ADDRESS	500 SOUTH AUSTRALIAN AVE., 10TH FLOOR	
CITY - ST - ZIP	W. PALM BCH. FL 33401	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SPILLANE, JOHN	
STREET ADDRESS	12788 W. FOREST HILL BLVD. #2005	
CITY - ST - ZIP	W. PALM BCH. FL 33414	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LAWRENCE, MARY	
STREET ADDRESS	2169 GREENVIEW COVE DR	
CITY - ST - ZIP	WELLINGTON FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SCHOFIELD, KAREN	
STREET ADDRESS	250 SANDPIPER AVENUE	
CITY - ST - ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLMAN, JASON	
STREET ADDRESS	11924 FOREST HILL BLVD.	
CITY - ST - ZIP	WELLINGTON FL 33414	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLMAN, JAY	
STREET ADDRESS	11924 FOREST HILL BLVD.	
CITY - ST - ZIP	WELLINGTON FL 33414	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE:

*J.P. Spillane* J.P. Spillane, Past President/Director 2/3/98 (56) 790-1488

CR2E037 (10/97)