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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48794

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/08/1992	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		30	
25		30		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

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

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 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	D <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	D <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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWRENCE, MARY	3.2 NAME	
STREET ADDRESS	2169 GREENVIEW COVE DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	WELLINGTON FL	3.4 CITY-ST-ZIP	
TITLE	DVP <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	DP <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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

REQUIRED

3/10/99

(561) 790-1488

CR2E037 (11/98)