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95 MAY -1 AM 7:43

SECRETARY OF STATE TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT **1995**

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

DOCUMENT # **N49724** **(0)**

1. Corporation Name

KIWANIS CLUB OF PALM BEACH GARDENS, FLORIDA, INC

Principal Place of Business	Mailing Address
4655 SQUARE LAKE DR. PALM BEACH GARDENS FL 33418	4655 SQUARE LAKE DR. PALM BEACH GARDENS FL 33418

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/29/1992**

3a. Date of Last Report: **04/19/1994**

4. FEI Number: **65-0349489** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21

2a. Mailing Address 26

Suite, Apt. #, etc. 22

Suite, Apt. #, etc. 27

City & State 23

City & State 28

Zip 24 Country 25

Zip 29 Country 30

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

9. Name and Address of Current Registered Agent

HILLS, DAVE
4655 SQUARE LAKE DR.
PALM BEACH GARDENS FL 33418

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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	CARLTON SYLVIA	12 NAME	Martin, Gerald	
STREET ADDRESS	47 LAKE ARBOR DR	13 STREET ADDRESS	60 Balfour East	
CITY-ST-ZIP	PALM SPRINGS FL	14 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	VP	21 TITLE	VP	☒ Change ☐ Addition
NAME	CARLTON, SYLVIA	22 NAME	Hills, Dave	
STREET ADDRESS	47 LAKE ARBOR DR.	23 STREET ADDRESS	4655 Square Lake Drive	
CITY-ST-ZIP	PALM SPRINGS FL 33461	24 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
TITLE	T	31 TITLE	T	☒ Change ☐ Addition
NAME	FERRON, NATALIE	32 NAME	Telehany, Denise	
STREET ADDRESS	522 5TH TERR.	33 STREET ADDRESS	PBG Med'l Ctr - 3360 Burns Road	
CITY-ST-ZIP	PALM BEACH GARDENS FL 3418	34 CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
TITLE	S	41 TITLE	S	☒ Change ☐ Addition
NAME	HILLS, DAVE	42 NAME	Carlton, Sylvia	
STREET ADDRESS	4655 SQUARE LAKE DR.	43 STREET ADDRESS	47 Lake Arbor Drive	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	44 CITY-ST-ZIP	Palm Springs, FL 33461	
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	BILLS, THOMAS	52 NAME		
STREET ADDRESS	321 NORTHLAKE BLVD.	53 STREET ADDRESS		
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	54 CITY-ST-ZIP		
TITLE	D	61 TITLE		☐ Change ☐ Addition
NAME	CREWS, JAY	62 NAME		
STREET ADDRESS	5560 PGA BLVD.	63 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	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: Dave Hills Dave Hills, VP 4/25/95 (407)626-5679

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0048008