## **FILE NOW: FILING FEE IS \$61.25**

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

(0)

KIWANIS CLUB OF PALM BEACH GARDENS, FLORIDA, INC

Principal Place of Business

Mailing Address

ARES COLLADE LAVE DO

**FILED** Jun 12 1997 8:00am Secretary of State



| PALM BEACH                | GARDENS FL 33418  | PALM BEACH GARDENS FL  | 33418-6181                | I   |  |  |                                |
|---------------------------|---|--|---------------------------|---|--|--|--------------------------------|
|                           |   |  |                           |   |  | of Last Report<br>6/06/1996                |                                |
| 2. Principal F            | Place of Business   | 2a. Mailing Address  |                           |   | 4. FEI Number  | 1 7  | Applied For                    |
| 21                        |   | 26   |                           |   | 65-0349489   | 1  | Vot Applicable                 |
| Suite, Apt. #, etc.<br>22 |   | Suite, Apt. #, etc.  |                           | 5. Certificate of Status Desired                      | S8.75 Additional Fee Required  |  |                                |
| City & State              |   | City & State   |                           |   | 6. Election Campaign Financing Trust Fund Contribution                                     | \$5.00 May Be Added to Fees                |                                |
| Zip                       | Country   | Zip  | Country                   | У   | 8. This corporation has liability for i  | ntangible tax under                        | s. 199.032,                    |
| 24                        | 25  |  | 80                        |   | Florida Statutes   | Yes No                                     |                                |
|                           | 9. Name and Address of Current  | Registered Agent   |                           | 1   | 10. Name and Address of New Re   | gistered Agent                             |                                |
|                           |   |  | 81                        | Name  |  |  |                                |
| HILLS, DAVE               |   |  | 82                        | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |                                |
| 4655 SQUARE LAKE DR.      |   |  |                           |   |  |  |                                |
| PALM B                    | EACH GARDENS FL 33418   |  | 83                        | 1   |  |  |                                |
|                           | 14.   |  | 84                        | City  |  | 85 Zir                                     | Code                           |
| <del></del>               |   |  |                           |   |  | - FL ! '                                   |                                |
| office or                 | to the provisions of Sections 617.0502<br>registered agent, or both, in the State ( | ? and 617.1508, Florida Statutes<br>of Florida. Such change was au   | s, the abov<br>thorized b | e-named<br>y the con                                  | corporation submits this statement for the pooration's board of directors. I hereby accept | urpose of changing<br>If the appointment a | its registered<br>s registered |
| agent. I a                | am familiar with, and accept the obliga   | tions of, Section 617.0503, Flori  | da Statute                | 8.  | , ,  |  |                                |
| SIGNATURE                 | Signature, typed or printed name of registered agen                                 | d and the Handlackie Alexander   | D                         |   |  |  |                                |
| 12.                       | OFFICERS AND  |  | 13.                       | ent signature   | required when reinstating)  ADDITIONS/CHANGES TO OFFIC                                     | DATE<br>ERS AND DIRECTO                    | IRS IN 12                      |
| TITLE                     | V   | - Communication of the communi | 1.1 TITLE                 |   | ADDITIONO/GITANGES TO OFFICE   | Change                                     |                                |
| NAME                      | OLARK, SKIP   |  | 1.2 NAME                  |   |  |  | Addition                       |
| STREET ADDRESS            | 8357 159TH CT. N  |  |                           | T ADDRESS   |  |  |                                |
| CITY-ST-ZIP               | P.B. GARDENS FL 33418   |  | 1.4 CITY - 5              |   |  |  |                                |
| TITLE                     | P   | DELETE   | 2.1 TITLE                 | 31-21   | P  | Change                                     | Addition                       |
| NAME                      | TELEHANY, DENISE  | 7  | 2.2 NAME                  |   | Hills, Dave<br>4655 Square Lake D  | and annual                                 |                                |
| STREET ADDRESS            | 3360 BURNS RD.  |  |                           | F ADDRESS   |  |  |                                |
| CITY-ST-ZIP               | PALM BCH GARDENS FL 334   | 10   | 2.4 CITY-                 |   | Palm Bch Gardens,  | FL 33418                                   |                                |
| TITLE                     | \$  | DELETE   | 3.1 TITLE                 | 51 En   | S/T  | Change                                     | Addition                       |
| NAME                      | HILLS, DAVE   |  | 3.2 NAME                  |   | Čarlton, Sylvia<br>1044 Bedford Ave  |  |                                |
| STREET ADDRESS            | 4655 SQUARE LAKE DR.  |  | 3.3 STREET                | ADDRESS   |  |  |                                |
| CITY-ST-ZIP               | PALM BCH GARDENS FL 334   | 18   | 3.4. CITY -               | ST-ZIP  | Palm Bch Gardens,  | FL 33410                                   |                                |
| TITLE                     | <b>\$</b> 30 1  | DELETE   | 4.1 TITLE                 |   | D  | <b>⋈</b> Change                            | Addition                       |
| NAME                      | <b>S</b> ARLTON, SYLVIA   |  | 4. 2 NAME                 |   | Germano, Natalie   |  |                                |
| STREET ADDRESS            | 1044 BEDFORD AVE.   |  | 4.3 STREET                | ADDRESS   | 522 5th Terr   | מצומה זה                                   |                                |
| CITY-ST-ZIP               | PALM BCH GARDENS FL 3341  |  | 4.4 CITY - 5              | ST-ZIP  | Palm Bch Gardens,  | 1418 ביי                                   |                                |
| TITLE                     | - <b>€</b> : P  | DELETE   | 5.1 TITLE                 |   | D William  | Change                                     | Addition                       |
| NAME                      | KOLLMER, BILL   |  | 5.2 NAME                  |   | Johnson, William<br>401 Gulf Rd  |  |                                |
| STREET ADDRESS            | 460 SUNRISE WAY   |  | 5.3 STREET                | ADDRESS   | No. Palm Bch, FL 3   | alia 8                                     |                                |
| CITY-ST-ZIP               | JUNO BCH FL 33408   |  | 5.4 CITY - S              | ST - ZIP  |  | -  |                                |
| TITLE                     | <b>-9</b> V   | <b>X</b> DELETE  | 6.1 TITLE                 |   | D<br>Domling Dot   | Change                                     | Addition                       |
| NAME                      | CREWS, JAY  |  | 6.2 NAME                  |   | Darling, Pat<br>2700 PGA Blvd.   | •  |                                |
| STREET ADDRESS            | 5560 PGA BLVD.  |  | 6.3 STREET                | ADDRESS   | Palm Bch Gardens.  | TT. 22/140                                 |                                |
| CITY-ST-ZIP               | PALM BEACH GARDENS FL 33  | 3418   | 6.4 CITY - S              | (T-71P  | raim bon dardens,  | エル フンサエリ                                   |                                |

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.