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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

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

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

2. Principal Place of Business	2a. Mailing Address
21	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. 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

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 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 _____ 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	V	☒ DELETE	1.1 TITLE	V	☐ Change ☒ Addition
NAME	CLARK, SKIP		1.2 NAME	CREWS, JAY	
STREET ADDRESS	8357 159TH CT. N		1.3 STREET ADDRESS	1080 SIENA OAKS CIRCLE EAST	
CITY-ST-ZIP	P.B. GARDENS FL 33418		1.4 CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILLS, DAVE		2.2 NAME		
STREET ADDRESS	4655 SQUARE LAKE DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CARLTON, SYLVIA		3.2 NAME		
STREET ADDRESS	1044 BEDFORD AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GERMANO, NATALIE		4.2 NAME		
STREET ADDRESS	522 5TH TERR		4.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BCH GARDENS FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	JOHNSON, WILLIAM		5.2 NAME		
STREET ADDRESS	401 GULF RD		5.3 STREET ADDRESS		
CITY-ST-ZIP	N PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DARLING, PAT		6.2 NAME		
STREET ADDRESS	2700 PGA BLVD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BEACH GA		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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: _____ DAVE HILLS 4/1/98 (561)626-5629