

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -8 AM 9:37

DOCUMENT # N93000004786 (0)

1. Corporation Name

KIWANIS CLUB OF WEST SIDE-BOCA RATON, FL., INC.

Principal Place of Business

Mailing Address

649 IBIS DR.
DELRAY BEACH FL 33483

649 IBIS DR.
DELRAY BEACH FL 33483

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1993

3a. Date of Last Report
07/07/1994

4. FEI Number
65-0452985

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 9774 GLADES RD.

26 9774 GLADES RD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 # A-7

27 # A-7

City & State

City & State

23 BOCA RATON, FL

28 BOCA RATON FL

Zip

Country

Zip

Country

24 33434

25 Palm Beach

29 33434

30 P. Beach.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FETTROW, LYNN
9774 GLADES RD A-7
BOCA RATON FL 33434

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MARKS, MICHAEL A
STREET ADDRESS	649 IBIS DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	SANDS, SHERRY E
STREET ADDRESS	649 IBIS DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	LEVY, HAYMAN
STREET ADDRESS	649 IBIS DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	GRACEY, LOIS
STREET ADDRESS	649 IBIS DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	GLOTZER, BRUCE
STREET ADDRESS	649 IBIS DR.
CITY-ST-ZIP	DELRAY BEACH FL 33483
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1. TITLE	BRUCE ROSENTHAL	X Change	☐ Addition
1. NAME			
1. STREET ADDRESS	301 CRAWFORD BLVD. #201		
1. CITY-ST-ZIP	BOCA RATON, FL 33432		
2. TITLE	D	X Change	☐ Addition
2. NAME	ELaine Sherson		
2. STREET ADDRESS	10925 WINDING CREEK WAY		
2. CITY-ST-ZIP	BOCA RATON, FL 33426		
3. TITLE	D	X Change	☐ Addition
3. NAME	HY LEVY		
3. STREET ADDRESS	P.O. Box 812201		
3. CITY-ST-ZIP	BOCA RATON, FL 33481		
4.1 TITLE	D	X Change	☐ Addition
4.2 NAME	LYNN FETTROW		
4.3 STREET ADDRESS	9774 GLADES RD, A-7		
4.4 CITY-ST-ZIP	BOCA RATON, FL 33434		
5.1 TITLE	D	X Change	☐ Addition
5.2 NAME	NORM BUSH		
5.3 STREET ADDRESS	7301 A W. PALMETTO PK. RD. #204B		
5.4 CITY-ST-ZIP	BOCA RATON, FL 33433		
6.1 TITLE		☐ Change	☐ Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 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 110.07(3)(b), 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:

John G. Fetzrow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-1-95

407-347-8262
Date (Signature Please)