SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $150 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $200)

NONPROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
1995 AUG -3 AM 9:18
TALLAHASSEE, FLORIDA

DOCUMENT # N93000005595 (4)

1. Corporation Name

KIWANIS CLUB OF NORTH PALM BEACH SUNRISE, FL., I NC.

Principal Place of Business	Mailing Address
9070 W. HIGHLAND PINES DR. PALM BEACH GARDENS FL 33418 US	9070 W. HIGHLAND PINES DR. PALM BEACH GARDENS FL 33418 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1993
3a. Date of Last Report: 07/11/1994
4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable
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 ☐ — FILING FEE IS $61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 2100 Escorial	26 2100 Escorial Place
22 Suite, Apt. #, etc. APT 102	27 Suite, Apt. #, etc. APT 102
23 City & State Palm Beach	28 City & State Palm Beach Grdns FL
24 Zip 33410 25 Country US	29 Zip 33410 30 Country US

9. Name and Address of Current Registered Agent

GRAY, PETER L.
9070 W. HIGHLAND PINES DR.
PALM BEACH GARDENS FL 33418

10. Name and Address of New Registered Agent

81 Name: Andrew P Mehalko
82 Street Address (P.O. Box Number is Not Acceptable): 2100 Escorial Place Apt. 102
83
84 City: Palm Beach Gardens FL 85 Zip Code: 33410

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: Andrew P. Mehalko 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	☒ Change ☐ Addition
NAME	TALLEY, WILLIAM	12 NAME	Jennifer Gray
STREET ADDRESS	719 7TH CT.	13 STREET ADDRESS	9709 Bluebell Street
CITY-ST-ZIP	PALM BCH. GARDENS FL	14 CITY-ST-ZIP	Palm Beach Gardens, Fl. 33410
TITLE	V	21 TITLE	V ☒ Change ☐ Addition
NAME	KIZER, KEN	22 NAME	Glenn Ferris
STREET ADDRESS	1420 OCEAN WAY, STE. 2A	23 STREET ADDRESS	12 Admirals Court
CITY-ST-ZIP	JUPITER FL	24 CITY-ST-ZIP	Palm Beach Gardens Fl. 33418
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CAIN, DEANNA	32 NAME	
STREET ADDRESS	2360 EDGEWATER DR.	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS. FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☐ Addition
NAME	HALLORAN, RICK	42 NAME	
STREET ADDRESS	305 OLD MEADOW WAY	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GRDNS FL 33410	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	NALE, GEORGE	52 NAME	
STREET ADDRESS	1110 GATOR TRAIL	53 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	PERRY, CLIFTON II	62 NAME	
STREET ADDRESS	724 PELICAN WAY	63 STREET ADDRESS	
CITY-ST-ZIP	N. PALM BEACH FL 33408	64 CITY-ST-ZIP	

CR2E037 (3/95)

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)(k), 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: Deanna Cain DEANNA CAIN 7/11/95 845-9095
SIGNATURE AND TYPED OR PRINTED NAME OF BIDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0011168