


FILE NOW: FILING FEE IS \$61.25

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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000005130 (9)**
1. Corporation Name

KIWANIS CLUB OF PALM SPRINGS, INC.

Principal Place of Business

Mailing Address

**415 2ND AVE. NORTH
LAKE WORTH FL 33460**

**415 2ND AVE. NORTH
LAKE WORTH FL 33460**



3. Date Incorporated or Qualified

10/14/1994

4. FEI Number

59-3215558

Applied For

Not Applicable

2. Principal Place of Business

21 2328 S. Congress, 1F

Suite, Apt. #, etc.

22 West Palm Beach, FL

City & State

23 33406

Zip

Country

24

2a. Mailing Address

26 2328 S. Congress, 1F

Suite, Apt. #, etc.

27 West Palm Beach, FL

City & State

28 33406

Zip

Country

29

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

10. Name and Address of New Registered Agent

**JORDAN, EMORY C III
415 2ND AVE N
LAKE WORTH FL 33460**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **RAMICCIO, TOM**
STREET ADDRESS **1717 L ST. N**
CITY-ST-ZIP **LAKE WORTH FL**

1.1 TITLE **S/D** ☐ Change ☒ Addition
1.2 NAME **SMITH, KRISTI**
1.3 STREET ADDRESS **2328 S. Congress Ave. Ste 1F**
1.4 CITY-ST-ZIP **West Palm Beach, FL 33406**

TITLE **D** ☐ DELETE
NAME **COMFORT, CHARLES**
STREET ADDRESS **7541 NEMEC DR NORTH**
CITY-ST-ZIP **LAKE CLARKE SHORES FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE **D** ☒ DELETE
NAME **BATELAAN, DONNA**
STREET ADDRESS **4212 FOXTRACE**
CITY-ST-ZIP **BOYNTON BEACH FL**

3.1 TITLE **T/D** ☐ Change ☒ Addition
3.2 NAME **UMBERGER, KARL**
3.3 STREET ADDRESS **400 DAVIS ROAD**
3.4 CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE **D** ☒ DELETE
NAME **ELLIS, CAROL**
STREET ADDRESS **2950 10TH AVE. N**
CITY-ST-ZIP **LAKE WORTH FL**

4.1 TITLE **V/D** ☐ Change ☒ Addition
4.2 NAME **GALLEGOS, JOSEPH**
4.3 STREET ADDRESS **432 SAN FERNANDO DR**
4.4 CITY-ST-ZIP **PALM SPRINGS, FL 33461**

TITLE **D** ☐ DELETE
NAME **DARLING, LINDA**
STREET ADDRESS **9044 E HIGHLAND PINES DR**
CITY-ST-ZIP **PALM BEACH GARDENS FL**

5.1 TITLE **D/P** ☒ Change ☐ Addition
5.2 NAME **DARLING, LINDA**
5.3 STREET ADDRESS **1079 BEDFORD AVE**
5.4 CITY-ST-ZIP **PALM BEACH GARDENS, FL 33403**

TITLE **D** ☒ DELETE
NAME **BATELAAN, DAVE**
STREET ADDRESS **4212 FOXTRACE**
CITY-ST-ZIP **BOYNTON BCH FL**

6.1 TITLE **D** ☐ Change ☐ Addition
6.2 NAME **STEVENSON, DENNIS**
6.3 STREET ADDRESS **350 ALEMEDA DR**
6.4 CITY-ST-ZIP **PALM SPRINGS, FL 33461**

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:

Kristi C. Smith KRISTI C. SMITH 3/16/98 501796-4288

CP2E037 (10/97)