

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90009 027 \*\*\*\*61.25

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1. Corporation Name

KIWANIS CLUB OF PALM SPRINGS, INC.

Principal Place of Business  
2328 S CONGRESS 1F  
WEST PALM BEACH FL 33406  
US

Mailing Address  
2328 S CONGRESS 1F  
WEST PALM BEACH FL 33406  
US



2. Principal Place of Business

21

Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

10/14/1994

4. FEI Number

59-3215558

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

9. Name and Address of Current Registered Agent

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE SD ☐ DELETE

NAME SMITH, KRISTI

STREET ADDRESS 2328 S CONGRESS AVE STE 1F

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

TITLE TD ☐ DELETE

NAME UMBERGER, KARL

STREET ADDRESS 400 DAVIS RD

CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE ☒ DELETE

NAME GALLEGOS, JOSEPH

STREET ADDRESS 432 SAN FERNANDO DR

CITY-ST-ZIP PALM SPRINGS FL 33461

TITLE ☒ DELETE

NAME DARLING, LINDA

STREET ADDRESS 1079 BEDFORD AVE

CITY-ST-ZIP PALM BEACH GARDENS FL 33403

TITLE D ☐ DELETE

NAME STEVENSON, DENNIS

STREET ADDRESS 356 ALEMEDA DR

CITY-ST-ZIP PALM SPRINGS FL 33461

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME PD

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/99 (561) 966-4288

Date

Daytime Phone #

CR2E037 (1/1/98)