

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 08, 2002 8:00 am
Secretary of State

08-08-2002 90090 033 ****61.25

DOCUMENT # N94000005130

1. Entity Name

KIWANIS CLUB OF PALM SPRINGS, INC.

Principal Place of Business

222 E. CAROLE CIRCLE
 WEST PALM BEACH FL 33415
 US

Mailing Address

222 E. CAROLE CIRCLE
 WEST PALM BEACH FL 33415
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3215558

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☐ Delete
 NAME **SMITH, KRISTI**
 STREET ADDRESS **222 E. CAROLE CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition
 NAME **2222 E. Carol Cir.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Delete
 NAME **FOREMAN, KING**
 STREET ADDRESS **1439 SAILBOAT CIRCLE**
 CITY-ST-ZIP **WELLINGTON FL 33414**

TITLE ☒ Change ☐ Addition
 NAME **See: Dennis Stevenson**
 STREET ADDRESS **363 Springdale Cir.**
 CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **T** ☐ Delete
 NAME **KIRK, SALLY**
 STREET ADDRESS **1287 SUMMIT CIRCLE**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **BATELAAN, DAVID**
 STREET ADDRESS **4212 FOX TRACE**
 CITY-ST-ZIP **BOYNTON BEACH FL 33436**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☒ Delete
 NAME **STEVENSON, DENNIS**
 STREET ADDRESS **356 ALEMEDA DR**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **SHETRON, NADENE**
 STREET ADDRESS **436 KIRK RD**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE: [Signature] Pres. 8/6/02 (56) 1946-428

CR2E037 (4/02)