

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N94000005963 (3)**

1. Corporation Name
KIWANIS CLUB OF POMPANO BEACH, WESTSIDE, FLORIDA, INC.



Principal Place of Business Mailing Address
C/O WILLIAM F. BOYNTON
1825 NW 6TH AVE.
POMPANO BEACH FL 33060-5111

3. Date Incorporated or Qualified **12/05/1994** 3a. Date of Last Report **08/21/1995**

2. Principal Place of Business 2a. Mailing Address
21 **Mitchell-Moore Rec Center** 26 **550 NW 21 Court**
22 **901 NW 10th Street** 27
23 **Pompano Beach, FL** 28 **Pompano Beach, FL**
24 **33060** 25 **USA** 29 **33060** 30 **USA**

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BOYNTON, WILLIAM F
1825 NW 6TH AVE.
POMPANO BEACH FL 33060-5111

10. Name and Address of New Registered Agent
81 Name **Benjamin F. Miller**
82 Street Address (P.O. Box Number is Not Acceptable) **550 NW 21 Court**
(550 NW 21 Court)
83 City **Pompano Beach** FL 85 Zip Code **33060**

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 **Benjamin F. Miller** DATE **05/22/96**

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	BOYTON, WILLIAM F
STREET ADDRESS	1825 NW 6TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060-5111
TITLE	Vp-President D <input type="checkbox"/> DELETE
NAME	SMITH, JACOB JR
STREET ADDRESS	4831 NW 8TH DRIVE
CITY-ST-ZIP	PLANTATION FL 33317
TITLE	T D <input type="checkbox"/> DELETE
NAME	JONES, JAMES L
STREET ADDRESS	1595 NW 7TH AVENUE
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	S D <input type="checkbox"/> DELETE
NAME	MILLER, BENJAMIN F
STREET ADDRESS	550 NW 21 COURT
CITY-ST-ZIP	POMPANO BEACH FL 33060
TITLE	CS D <input type="checkbox"/> DELETE
NAME	HAMM, EVERLINE
STREET ADDRESS	EMERALD LAKES DRIVE, BLDG 114, APT. 101
CITY-ST-ZIP	OAKLAND PARK FL 33309
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Wiley Clark D
1.3 STREET ADDRESS	672 NW 21 Street
1.4 CITY-ST-ZIP	Pompano Beach, FL 33060
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	200001848552
6.3 STREET ADDRESS	-06/03/96--01063--010
6.4 CITY-ST-ZIP	***61.25

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: **Benjamin F. Miller (Benjamin F. Miller)** DATE: **4-24-96** DAYTIME PHONE #: **941-5558**

CFR2E037 (12/95)