

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005257 (8)
1. Corporation Name
KIWANIS CLUB OF WESTSIDE, WEST PALM BEACH SCHOLARSHIP FUND, INC.



Principal Place of Business 1860 FOREST HILL BLVD. SUITE 206 WEST PALM BEACH FL 33406	Mailing Address 1860 FOREST HILL BLVD. SUITE 206 WEST PALM BEACH FL 33406-6092
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3. Date Incorporated or Qualified 10/14/1996	3a. Date of Last Report
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	29 Zip
25 Country	30 Country

9. Name and Address of Current Registered Agent
KRUTZ, RAYMOND
1860 FOREST HILL BLVD.
SUITE 206
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name **McEldowney, Debbie**
82 Street Address (P.O. Box Number is Not Acceptable)
1750 N. Florida Mango Rd.
83
84 City **West Palm Beach** **FL** 85 Zip Code **33409**

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: *Debbie McEldowney* (NOTE: Registered Agent's signature required when reinstating.) DATE:

12. OFFICERS AND DIRECTORS	
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KRUTZ, RAYMOND
STREET ADDRESS	1860 FOREST HILL BLVD., SUITE 206
CITY-ST-ZIP	WEST PALM BEACH FL 33406
TITLE	D <input type="checkbox"/> DELETE
NAME	HAUSMAN, LORI
STREET ADDRESS	931 VILLAGE BLVD., SUITE 905
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	D <input type="checkbox"/> DELETE
NAME	BRANDENBURG, CLEMENT JR
STREET ADDRESS	2000 PALM BEACH LAKES BLVD., #800
CITY-ST-ZIP	WEST PALM BEACH FL 33409
TITLE	SD <input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
4.2 NAME	McEldowney, Debbie
4.3 STREET ADDRESS	1750 N. Florida Mango Rd.
4.4 CITY-ST-ZIP	West Palm Beach, FL 33409
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	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Debbie McEldowney* 4-297

CR2E037 (9/96)