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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000005257					
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		



2. Principal Place of Business 21 1301 BELVEDERE RD Suite, Apt. #, etc. 22		2a. Mailing Address 26 PO BOX 16995 Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 10/14/1996	
City & State 23 WEST PALM BEACH, FL Zip 24 33480 Country 25 USA		City & State 28 WEST PALM BEACH, FL Zip 29 33416 Country 30		4. FEI Number 65-0850844 Applied For 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	

9. Name and Address of Current Registered Agent MCELDOWNEY, DEBBIE 1750 N FLORIDA MANGO ROAD WEST PALM BEACH FL 33409				10. Name and Address of New Registered Agent 81 Name LOKI J. HAUSMAN 82 Street Address (P.O. Box Number is Not Acceptable) 724 KITTYHAWK WAY 83 84 City NORTH PALM BEACH FL 85 Zip Code 33408	
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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 *John W. Hausman* DATE *3/24/99*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	1.1 TITLE	S
NAME	MCELDOWNEY, DEBBIE	1.2 NAME	OLLIS, BRUCE
STREET ADDRESS	1750 N FLORIDA MANGO ROAD	1.3 STREET ADDRESS	958 HICKORY TRAIL
CITY-ST-ZIP	WEST PALM BEACH FL	1.4 CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	D	2.1 TITLE	TD
NAME	HAUSMAN, LORI	2.2 NAME	JOHNSON, GINGER
STREET ADDRESS	931 VILLAGE BLVD., SUITE 905	2.3 STREET ADDRESS	4886 CLASSIC LANE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	D	3.1 TITLE	VP
NAME	BRANDENBURG, CLEMENT JR	3.2 NAME	CARLINO, STEVE
STREET ADDRESS	2000 PALM BEACH LAKES BLVD., #800	3.3 STREET ADDRESS	899 SUNFLOWER AVE
CITY-ST-ZIP	WEST PALM BEACH FL 33409	3.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445
TITLE		4.1 TITLE	PD
NAME		4.2 NAME	KORF, DOLORES
STREET ADDRESS		4.3 STREET ADDRESS	3701 B SAVORY LANE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Debbie McElDowney* DATE: *3/24/99* (561) 798-2602

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)