2002 UNIFORM BUSINESS REPORT (UBR)

Feb 13, 2002 8:00 am DOCUMENT # **N96000005257 Secretary of State** 1. Entity Name 02-13-2002 90133 038 ****70 00 KIWANIS CLUB OF WESTSIDE, WEST PALM BEACH SCHOLA RSHIP FUND, INC. Principal Place of Business Mailing Address P O BOX 16995 1301 BELVEDERE RD WEST PALM BEACH FL 33416 WEST PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0850844 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent. Street Address (P.O. Box Number is Not Acceptable) OHNSON, RANDY K SR 300 W. 23RD STREET ∀IERA BEACH FL 33404 Zip Code City 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 1/28/02 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. PRESIDENT (9/01 Z Delete TITLE ☐ Addition TITLE JOHNSON, BARBARA J. 1900 W. 23 RD STREET NAME NAME AUXIER, JAMIE **CR2E037** STREET ADDRESS STREET ADDRESS 630B HOLLYWOOD STREET CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH, FL WEST PA:M BEACH FL 33408 Addition ☐ Defete TITLE JOHNSON, GINGER NAME NAME STREET ADDRESS STREET ADDRESS 4886 CLASSIC LANE CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33417 ☐ Addition **Change** ■ Delete TITLE DIRECTOR NAME CARLINO, STEVE NAME PATTY JABON 12906 INSHORE DRIVE PALM BEACH GARDENS, FL 33410 STREET ADDRESS STREET ADDRESS **899 SUNFLOWER AVE** CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33445** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME KORF, DOLORES NAME STREET ADDRESS STREET ADDRESS 3701 B SAVORY LANE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 DIRECTOR Delete TITLE MAE DONALD, DOROTHY 624 SEA PINE WAY, APT 6.3 WEST PALM BEACH, FL 33415 BRANDENBURG, CLEM SR NAME NAME STREET ADDRESS 1890 CARISSA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33406 TITLE Delete TITLE JOHNSON, RANDY K. S.L. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VIERA BEACH,

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:

RAND K.** JOHNJ&D.** SIGNING OFFICER OR REFORM.**

Page 1990 Process of the corporation of the corporation of 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 Chapter 10 of the corporation of 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 Chapter 10 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 Chapter 10 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 Chapter 11 or Chapter 11 or Chapter 12 or Chapter 12 or Chapter 12 or Chapter 13 or Chapter 13 or Chapter 14 or