

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Aug 03, 1999 8:00 am
Secretary of State

08-03-1999 90009 028 ****61.25

DOCUMENT # N98000007300

1. Corporation Name

KIWANIS CLUB OF CENTRAL PALM BEACH COUNTY, INC.

Principal Place of Business

3228 GUN CLUB RD.
W. PALM BCH FL 33406

Mailing Address

3228 GUN CLUB RD.
W. PALM BCH FL 33406



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/24/1998

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

91-1910385

Applied For

Not Applicable

22

27

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23

28

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HALSTEDT, DARLENE

3228 GUN CLUB RD.

W. PALM BCH FL 33406

81 Name

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

83

84 City

FL

85 Zip Code

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

Darlene L. Halstedt, Pres.

(NOTE: Registered Agent signature required when reinstating)

7/29/99

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME D
STREET ADDRESS HALSTEDT, DARLENE
CITY-ST-ZIP 3228 GUN CLUB RD.
W. PALM BCH FL 33406

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS DAMICO, PAUL
CITY-ST-ZIP 421 3RD ST.
W. PALM BCH FL 33406

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS DEMARIO, FRANK
CITY-ST-ZIP 421 3RD ST.
W. PALM BCH FL 33406

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS JOHNSON, KENNETH N
CITY-ST-ZIP 3251C MERIDIAN WAY SOUTH
PALM BCH GARDENS FL 33410

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS MORRISON, BEVERLY
CITY-ST-ZIP 3228 GUN CLUB RD.
W. PALM BCH FL 33406

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME D
STREET ADDRESS KRASULAK, LARRY
CITY-ST-ZIP 851 VILLAGE BLVD., SUITE 502
W. PALM BCH FL 33409-1936

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

Darlene L. Halstedt, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/99
Date

561-655-4402
Daytime Phone #

CR2E037 (5/99)