FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

FILED
95 FEB -6 PM 2:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 729316 (0)

1. Corporation Name
KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, I NC.

Principal Place of Business	Mailing Address
777 E. ATLANTIC AVENUE STE 226 DELRAY BEACH FL 33483 US	777 E. ATLANTIC AVENUE SUITE 226 DELRAY BEACH FL 33483 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/10/1974
3a. Date of Last Report: 01/19/1994
4. FEI Number: 59-1475026 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26 PO BOX 1963
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 DELRAY BEACH, FL
24 Zip / 25 Country	29 33447 / 30 PALM BEACH

9. Name and Address of Current Registered Agent

MORRISON, DALE F
MORRISON & SWANK, CPAS
777 E ATLANTIC AVE #226
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name: ROBERT ZIMMERMAN
82 Street Address (P.O. Box Number is Not Acceptable): 4870 SHERWOOD FOREST DRIVE
83
84 City: DELRAY BEACH FL 85 Zip Code: 33445

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Robert Zimmerman 13 JAN 95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name/address is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	1.1 TITLE		☐ Change ☐ Addition
NAME	SEIGEL, HYN P JR	1.2 NAME		
STREET ADDRESS	2113 SW 15TH STREET	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 0	1.4 CITY-ST-ZIP		
TITLE	TD	2.1 TITLE	~~[illegible]~~ TD	☒ Change ☐ Addition
NAME	MORRISON, DALE	2.2 NAME	ROBERT ZIMMERMAN	
STREET ADDRESS	3757 LOVE PINE ROAD	2.3 STREET ADDRESS	4870 SHERWOOD FOREST DRIVE	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	DELRAY BEACH, FL 33445	
TITLE	VPD	3.1 TITLE	~~[illegible]~~ VPD	☒ Change ☐ Addition
NAME	MARTIN, DOUG	3.2 NAME	~~[illegible]~~ MIKE WRIGHT	
STREET ADDRESS	535 NW 50 AVENUE	3.3 STREET ADDRESS	2491 BOTTLE CREEK WAY	
CITY-ST-ZIP	DELRAY BEACH FL 33445	3.4 CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	4.1 TITLE	~~[illegible]~~ PD	☒ Change ☐ Addition
NAME	LINCOLN, RICHARD	4.2 NAME	DOUG MARTIN	
STREET ADDRESS	3706 SHERWOOD BLVD	4.3 STREET ADDRESS	535 N.W. 50TH AVE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	4.4 CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS	If Deposited by Bank RC	
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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)(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: Robert Zimmerman ROBERT ZIMMERMAN 13 JAN 95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

(407) 496 6349
Daytime Phone #

0013281