

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra S. Morham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 729316 (0)**

1. Corporation Name

**KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

300 W ATLANTIC AVENUE  
STE 226  
DELRAY BEACH FL 33483  
US

P.O BOX 1963  
DELRAY BEACH FL 33447  
US



3. Date Incorporated or Qualified

04/10/1974

4. FEI Number

59-1475026

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 100 NW 1st Ave

26

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

28 City & State

23 Delray Beach FL

28

24 Zip

25 Country

29 Zip

30 Country

24 33444

25 Palm Beach

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBERT ZIMMERMAN  
4870 SHERWOOD FOREST DR  
DELRAY BCH FL 33483

81 Name

Milena Walinski

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

5294 Steven Rd

83

84 City

Boynton Beach

FL

85 Zip Code

33437

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 Milena Walinski

6/29/98

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	SD	<input type="checkbox"/> DELETE
NAME	SEIGEL, HYN P JR	
STREET ADDRESS	2113 SW 15TH STREET	
CITY - ST - ZIP	BOYNTON BEACH, FL 0	

TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ROBERT ZIMMERMAN	
STREET ADDRESS	4870 SHERWOOD FOREST DR	
CITY - ST - ZIP	DELRAY BEACH FL 33445	

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	WRIGHT MIKE	
STREET ADDRESS	22814 KETTLE CREEK WAY	
CITY - ST - ZIP	BOCA RATON FL	

TITLE	VPD	<input type="checkbox"/> DELETE
NAME	RANDOLPH, DOUG	
STREET ADDRESS	5874 NORTHPOINT LANE	
CITY - ST - ZIP	BOYNTON BEACH FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walinski, Milena	
2.3 STREET ADDRESS	5294 Steven Rd	
2.4 CITY - ST - ZIP	Boynton Beach, FL 33437	

3.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DRAGON, Joseph	
3.3 STREET ADDRESS	1697 SE 4th Ct	
3.4 CITY - ST - ZIP	Deerfield Beach, FL 33441	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		

5.1 TITLE	Pres. Elect	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Carney, Peter	
5.3 STREET ADDRESS	1101 N. Congress Ave	
5.4 CITY - ST - ZIP	Boynton Beach, FL 33426	

6.1 TITLE	1st Vice Pres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	English, Stephanie	
6.3 STREET ADDRESS	320 Norwood Terrace	
6.4 CITY - ST - ZIP	Boca Raton, FL 33431	

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.

SIGNATURE: Milena Walinski Treasurer 6/12/98 561-243-7134

CR2E037 (1097)