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NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

DOCUMENT # 729316

1. Corporation Name

KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, I NC.

Principal Place of Business	Mailing Address
100 NW 1ST AVE DELRAY BEACH FL 33444 US	P.O.BOX 1963 DELRAY BEACH FL 33447 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 04/10/1974
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1475026 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MILENA WALINSKI
5294 STEVEN RD
BOYNTON BCH FL 33437

10. Name and Address of New Registered Agent

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 Milena Walinski Treasurer 3/2/99
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	☒ DELETE	1.1 TITLE	Secretary-D ☒ Change ☒ Addition
NAME	SEIGEL, HYN P JR		1.2 NAME	Barbara Schooler
STREET ADDRESS	2113 SW 15TH STREET		1.3 STREET ADDRESS	22280 Timberly Dr
CITY-ST-ZIP	BOYNTON BEACH, FL 0		1.4 CITY-ST-ZIP	Boca Raton, FL 33428
TITLE	T	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	WALINSKI, MILENA		2.2 NAME	
STREET ADDRESS	5294 STEVEN RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BCH FL 33437		2.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	3.1 TITLE	☒ Change ☐ Addition
NAME	DRAGON, JOSEPH		3.2 NAME	
STREET ADDRESS	1697 SE 4TH CT		3.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BCH FL 33441		3.4 CITY-ST-ZIP	
TITLE	VPD	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RANDOLPH, DOUG		4.2 NAME	
STREET ADDRESS	5874 NORTHPOINT LANE		4.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP	
TITLE	PP	☐ DELETE	5.1 TITLE	President-D ☒ Change ☐ Addition
NAME	CAMEY, PETER		5.2 NAME	Carney Peter
STREET ADDRESS	1101 N CONGRESS AVE		5.3 STREET ADDRESS	1101 N Congress
CITY-ST-ZIP	BOYNTON BCH FL 33426		5.4 CITY-ST-ZIP	Boynton Beach, FL 33426
TITLE	VP	☐ DELETE	6.1 TITLE	D ☒ Change ☐ Addition
NAME	ENGLISH, STEPHANIE		6.2 NAME	English, Stephanie
STREET ADDRESS	320 NORWOOD TERR		6.3 STREET ADDRESS	320 Norwood Terr
CITY-ST-ZIP	BOCA RATON FL 33431		6.4 CITY-ST-ZIP	Boca Raton, FL 33431

CR2E037 (11/98)

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: Milena Walinski 3/2/99 561-243-7134
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #