## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

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## Feb 11, 2005 8:00 am Secretary of State **DOCUMENT # 734606** 1. Entity Name 02-11-2005 90051 044 \*\*\*\*61.25 KIWANIS CLUB OF MARGATE-COCONUT CREEK, FLORIDA, INC. Principal Place of Business Mailing Address 10980 LAKEFRONT PLACE BOCA RATON FE 33498 8000 COUNTRY CLUB DR 50014207 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt. # etc. CR2E037 (10/04) 1st MOORE City & State 4. FEI Number Applied For 23-7447288 Not Applicable Country USA Zip \$8.75 Additional 5. Certificate of Status Desired 33063 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLES R. EWAN, JZ CUMMIS, CARL Street Address (P.O. Box Number is Not Acceptable) 10980 LÁKEFRONT PLACE **BOCA RATON FL 33498** MARGATE Zip Code 33063 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. I am familiar with, and accept the obligations of registered agent. CHARLES R. EWAN. JR. SECRETARY SIGNATURE 5 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. TITLE PRESIDENT Delete TITLE Addition Change CUMMIS, CARL NAME SAM MAY NAME 10980 LAKEFRONT PLACE 1620 CATHEDRAL DRIVE STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33498** CITY-ST-7IP MARGATE, 7L. 33063 CITY-ST-ZIP TITLE 🛛 Delete TITLE (X) Addition TREASURER Change SEVEIOVTZ, HERMAN NAME THOMAS CARDENTER 5131 NE 31ST AVE NAME 7797 GULF CIR D STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-7iP 49hTHOUSE Pr. 76. 33064 TITLE Delete TITLE ☐ Addition EWAN, CHARLES NAME NAME 7707 NW 20TH ST STREET ADDRESS STREET ADDRESS MARGATE FL 33063 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Addition ☐ Change NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CHARLES R. EWAN TR

SECRETARY

FILED