

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Sep 23, 2004
Secretary of State**

DOCUMENT# N03000008048

Entity Name: THE KIWANIS CLUB OF GOLD COAST KNIGHTS, INC.

Current Principal Place of Business:

C/O DONNA PARTON
1149 HILLSBORO MILE #201 N
HILLSBORO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

C/O DONNA PARTON
1149 HILLSBORO MILE #201 N
HILLSBORO BEACH, FL 33062

New Mailing Address:

FEI Number: 54-2136487 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PARTON, DONNA
1149 HILLSBORO BLVD #201 N
HILLSBORO BEACH, FL 33062

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SIEGALL, BARI
Address: 4705 NW 35TH STREET #608-P
City-St-Zip: FORT LAUDERDALE, FL 33062

Title: S () Delete
Name: PARTON, DONNA
Address: 1149 HILLSBORO MILE #201 N
City-St-Zip: HILLSBORO BEACH, FL 33062

Title: T () Delete
Name: ANDREACCHI, ANITA
Address: 7391 LONDON LANE
City-St-Zip: BOCA RATON, FL 33433

Title: VP () Delete
Name: RICHR, ROBERT
Address: 5096 NW 5TH STREET
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: ANDREACCHI, FRANK A
Address: 7391 LONDON LANE
City-St-Zip: BOCA RATON, FL 33433

Title: D () Delete
Name: PARTON, ROBERT A
Address: 1149 HILLSBORO MILE 3201N
City-St-Zip: HILLSBORO BEACH, FL 33062

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK A. ANDREACCHI

D

09/23/2004

Electronic Signature of Signing Officer or Director

Date

BETH SHRACK PRESIDENT
905 NE 29 DRIVE
WILTON MANORS, FL 33334