

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED  
May 04, 2005  
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 ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

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

**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: RICAR, 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: P      (X) Change ( ) Addition  
Name: SHRACK, BETH  
Address: 905 NE 29 DRIVE  
City-St-Zip: WILTON MANORS, FL 33334

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

05/04/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date