


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 15, 2007 8:00 am**  
**Secretary of State**

03-15-2007 90033 020 \*\*\*\*70.00

<b>DOCUMENT # N03000008048</b>			
1. Entity Name THE KIWANIS CLUB OF GOLD COAST KNIGHTS, INC.			
Principal Place of Business C/O JOHN SULLIVAN 2302 CHADNICK CT BOYNTON BEACH, FL 33436		Mailing Address C/O JOHN SULLIVAN 2302 CHADNICK CT BOYNTON BEACH, FL 33436	
2. Principal Place of Business - No P.O. Box # c/o Renee F. Richar Suite, Apt. #, etc. 5435 Courtney Circle		3. Mailing Address c/o Renee F. Richar Suite, Apt. #, etc. 5435 Courtney Circle	
City & State Boynton Beach, FL		City & State Boynton Beach, FL	
Zip 33437	Country U.S.A.	Zip 33437	Country U.S.A.
4. FEI Number 54-2136487		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent SULLIVAN, JOHN 2302 CHADNICK CT BOYNTON BEACH, FL 33436		7. Name and Address of New Registered Agent Name Renee F. Richar Street Address (P.O. Box Number is Not Acceptable) 5435 Courtney Circle City Boynton Beach FL Zip Code 33437	
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.			
SIGNATURE <u>Renee F. Richar, Secretary</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<u>Renee F. Richar</u> 3/8/07 <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME D SIEGALL, BARI STREET ADDRESS 690 SIESTA KEY CIR# 2026 CITY-ST-ZIP DEERFIELD BEACH, FL 33441	<input checked="" type="checkbox"/> Delete	TITLE NAME P Richar, Robert S. STREET ADDRESS 5435 Courtney Circle CITY-ST-ZIP Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME P GUNTHER, MAGGIE STREET ADDRESS 905 NE 29 DR CITY-ST-ZIP WILTON MANORS, FL 33334	<input checked="" type="checkbox"/> Delete	TITLE NAME S Richar, Renee F. STREET ADDRESS 5435 Courtney Circle CITY-ST-ZIP Boynton Beach, FL 33437	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME T ANDREACCHI, ANITA STREET ADDRESS 7391 LONDON LANE CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D SHRACK, BETH STREET ADDRESS 905 NE 29 DRIVE CITY-ST-ZIP WILTON MANORS, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME D ANDREACCHI, FRANK A STREET ADDRESS 7391 LONDON LANE CITY-ST-ZIP BOCA RATON, FL 33433	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME S SULLIVAN, JOHN STREET ADDRESS 2302 CHADNICK CT CITY-ST-ZIP BOYNTON BEACH, FL 33436	<input checked="" type="checkbox"/> Delete	TITLE NAME D Keva Anderson-Konster STREET ADDRESS 366 Mohawk Lane CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <u>Renee F. Richar, Secretary</u>		<u>Renee F. Richar</u> 3/8/07 (561)302-4346	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	