2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0300008048 1. Entity Name THE KIWANIS CLUB OF GOLD COAST KNIGHTS, INC.				Secretary of State 03-15-2007 90033 020 ****70.00					
C/O JOHN SU 2302 CHADN BOYNTON BI	IICK CT EACH, FL 33436	Mailing Address C/O JOHN SULLIVAN 2302 CHADNICK CT BOYNTON BEACH, FL 33	436						
c/o Renee F. Richar c/o		3. Mailing Address C/O Renee F. Suite, Apt. #, etc.	Renee F. Richar		03042007	**** ***** *****	BEIN 68/8: 1621 46		
5435 Courtney Circle 54		5435 Court	35 Courtney Circle		4. FEI Number	ng-NP 	CR2E037 (1	· · · · · · · · · · · · · · · · · · ·	plied For
BOYNT	Country	Doynton Bea	Country		54-213648 5. Certificate of Sta			.75 Addi	
33437			<u>U.S.A.</u>		· · · · · · · · · · · · · · · · · · ·		/AV Fee	Required	
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name D						m.			
SULLIVAN, JOHN 2302 CHADNICK CT BOYNTON BEACH, FL 33436			Street Ac	Street Address (P.O. Box Number is Not Acceptable)					
BUTNION	I BEAUN, FL 33430		543	35 c	ourtner	Circle	0		
			City	ount	on RPAC	h	FL	Zip Code	3 7
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									
SIGNATURE Alnel F. Aichar Secretary Rule Florense of registered agent and site of applicable. (NOTE: Registered Agent signature required when rematating) Output Date									
SIGNATURE .			egistered Agent signatur	ure required wh	nen reinstating)	ian_	DATE	<i>U</i> /	
SIGNATURE	Signature, typed or printed name of registered eigent and Filling Fee is \$61.25 Due by May 1, 2007	9. Election Campa Trust Fund Con	aign Financing	_ \$	55.00 May Be added to Fees		DATE ke check partmer	yable to	
10.	Filling Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIRE	9. Election Campa Trust Fund Con	aign Financing ntribution.	_ \$	5.00 May Be	Florid	bate ke check partial Departments S AND DIRECT	yable to	ate
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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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE: Renee F. Richar Secretary Luce J. Kichan 3/8/07 (561)302-4346