

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 729316 (0)  
1. Corporation Name  
KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, INC.



Principal Place of Business  
777 E. ATLANTIC AVENUE  
STE 226  
DELRAY BEACH FL 33483  
US

Mailing Address  
P.O. BOX 1963  
DELRAY BEACH FL 33447  
US

3. Date Incorporated or Qualified 04/10/1974	3a. Date of Last Report 02/06/1995
4. FEI Number 59-1475026	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 300 W. ATLANTIC AVE Suite, Apt. #, etc. 22 City & State 23 DELRAY BEACH FL Zip 24 33483	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 PALM BEACH Country 30
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9. Name and Address of Current Registered Agent

ROBERT ZIMMERMAN  
4870 SHERWOOD FOREST DR  
DELRAY BCH FL 33483

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Robert Zimmerman ROBERT ZIMMERMAN 6 FEB 96  
(Signature typed or printed name of registered agent and state if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD	11 TITLE	
NAME	SEIGEL, HYN P JR	12 NAME	
STREET ADDRESS	2113 SW 15TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH, FL 0	14 CITY-ST-ZIP	
TITLE	TD	21 TITLE	
NAME	ROBERT ZIMMERMAN	22 NAME	
STREET ADDRESS	4870 SHERWOOD FOREST DR	23 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33445	24 CITY-ST-ZIP	
TITLE	VPD	31 TITLE	PD
NAME	WRIGHT MIKE	32 NAME	WRIGHT MIKE
STREET ADDRESS	22814 KETTLE CREEK WAY	33 STREET ADDRESS	22814 KETTLE CREEK WAY
CITY-ST-ZIP	BOCA RATON FL 33445	34 CITY-ST-ZIP	BOCA RATON FL 33428
TITLE	PD	41 TITLE	VPD
NAME	MARTIN, DOUHG	42 NAME	RANDOLPH, DOUG
STREET ADDRESS	535 NW 50TH AVE	43 STREET ADDRESS	5874 NORTHPOINT LANE
CITY-ST-ZIP	DELRAY BEACH FL 33445	44 CITY-ST-ZIP	BOYNTON BEACH FL 33437
TITLE		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert Zimmerman ROBERT ZIMMERMAN 6 FEB 96 1107 496 6349  
(Signature typed or printed name of signing officer or director) Date Daytime Phone #

CR2E037 (12/95)