

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 18 1998 8:00am  
Secretary of State

|                                                          |                                                                                   |                                                                                                          |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra S. Morham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|----------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

DOCUMENT # **729316** (0)

1. Corporation Name

**KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, INC.**

Principal Place of Business

Mailing Address

**300 W ATLANTIC AVENUE  
STE 226  
DELRAY BEACH FL 33483  
US**

**P.O BOX 1963  
DELRAY BEACH FL 33447  
US**



3. Date Incorporated or Qualified

**04/10/1974**

4. FEI Number

**59-1475026**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 100 NW 1st Ave**

**26**

5. Certificate of Status Desired ☐

**\$8.75 Additional Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

**23 Delray Beach FL**

**28**

Zip

Country

Zip

Country

**24 33444**

**25 Palm Beach**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT ZIMMERMAN  
4870 SHERWOOD FOREST DR  
DELRAY BCH FL 33483**

81 Name

**Milena Walinski**

82 Street Address (P.O. Box Number is Not Acceptable)

**5294 Steven Rd**

83

84 City

**Boynton Beach**

**FL**

85 Zip Code

**33437**

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 **Milena Walinski**

**6/29/98**

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                 |                            |                                 |
|-----------------|----------------------------|---------------------------------|
| TITLE           | <b>SD</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>SEIGEL, HYN P JR</b>    |                                 |
| STREET ADDRESS  | <b>2113 SW 15TH STREET</b> |                                 |
| CITY - ST - ZIP | <b>BOYNTON BEACH, FL 0</b> |                                 |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 1.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |                                                                   |
| 1.3 STREET ADDRESS  |                                                                   |
| 1.4 CITY - ST - ZIP |                                                                   |

|                 |                                |                                            |
|-----------------|--------------------------------|--------------------------------------------|
| TITLE           | <b>TD</b>                      | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>ROBERT ZIMMERMAN</b>        |                                            |
| STREET ADDRESS  | <b>4870 SHERWOOD FOREST DR</b> |                                            |
| CITY - ST - ZIP | <b>DELRAY BEACH FL 33445</b>   |                                            |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 2.1 TITLE           | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            | <b>Treasurer</b>                                                             |
| 2.3 STREET ADDRESS  | <b>Walinski, Milena</b>                                                      |
| 2.4 CITY - ST - ZIP | <b>5294 Steven Rd</b>                                                        |

|                 |                               |                                            |
|-----------------|-------------------------------|--------------------------------------------|
| TITLE           | <b>PD</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>WRIGHT MIKE</b>            |                                            |
| STREET ADDRESS  | <b>22814 KETTLE CREEK WAY</b> |                                            |
| CITY - ST - ZIP | <b>BOCA RATON FL</b>          |                                            |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            | <b>President</b>                                                  |
| 3.3 STREET ADDRESS  | <b>DRAGON, Joseph</b>                                             |
| 3.4 CITY - ST - ZIP | <b>1697 SE 4th Ct</b>                                             |

|                 |                             |                                 |
|-----------------|-----------------------------|---------------------------------|
| TITLE           | <b>VPD</b>                  | <input type="checkbox"/> DELETE |
| NAME            | <b>RANDOLPH, DOUG</b>       |                                 |
| STREET ADDRESS  | <b>5874 NORTHPOINT LANE</b> |                                 |
| CITY - ST - ZIP | <b>BOYNTON BEACH FL</b>     |                                 |

|                     |                                                                   |
|---------------------|-------------------------------------------------------------------|
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |                                                                   |
| 4.3 STREET ADDRESS  |                                                                   |
| 4.4 CITY - ST - ZIP |                                                                   |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 5.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME            | <b>Pres. Elect</b>                                                           |
| 5.3 STREET ADDRESS  | <b>Carney, Peter</b>                                                         |
| 5.4 CITY - ST - ZIP | <b>1101 N. Congress Ave</b>                                                  |

|                 |  |                                 |
|-----------------|--|---------------------------------|
| TITLE           |  | <input type="checkbox"/> DELETE |
| NAME            |  |                                 |
| STREET ADDRESS  |  |                                 |
| CITY - ST - ZIP |  |                                 |

|                     |                                                                              |
|---------------------|------------------------------------------------------------------------------|
| 6.1 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME            | <b>1st Vice Pres</b>                                                         |
| 6.3 STREET ADDRESS  | <b>English, Stephanie</b>                                                    |
| 6.4 CITY - ST - ZIP | <b>320 Norwood Terrace</b>                                                   |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Milena Walinski Treasurer** 6/12/98 561-243-7134

CR2E037 (1097)