

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729316

Entity Name: KIWANIS CLUB OF DELRAY BEACH SUNRISE, FLORIDA, INC.**Current Principal Place of Business:**309 NE FIRST ST
DELRAY BEACH, FL 33483**Current Mailing Address:**P.O. BOX 7083
DELRAY BEACH, FL 33482 US**FEI Number: 59-1475026****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**MORRISON, DALE
309 NE FIRST ST
DELRAY BEACH, FL 33483 US*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**Officer/Director Detail :**

Title	SECRETARY
Name	SCHOOLER, BARBARA
Address	22280 TIMBERLY DR
City-State-Zip:	BOCA RATON FL 33428

Title	DIRECTOR
Name	RUBY, BEN
Address	714 N.E. 2ND AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	TREASURER
Name	MORRISON, DALE
Address	309 NE FIRST STREET
City-State-Zip:	DELRAY BEACH FL 33483

Title	DIRECTOR
Name	RUBY, SUSAN
Address	714 N.E. 2ND AVE
City-State-Zip:	DELRAY BEACH FL 33444

Title	DIRECTOR
Name	GOLDMAN, JEFF
Address	101 NW 1ST STREET
City-State-Zip:	DELRAY BEACH FL 33444

Title	PRESIDENT
Name	MARTIN, DOUGLAS
Address	4630 PINETREE DRIVE
City-State-Zip:	DELRAY BEACH FL 33445

I hereby 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 all other like empowered.

SIGNATURE: DALE MORRISON**TREASURER****01/02/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date