

2017 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 VP
Name RUBY, SUSAN
Address 714 N.E. 2ND AVE
City-State-Zip: DELRAY BEACH FL 33444

Title PRESIDENT
Name KELLEHER, PEGGY
Address 3490 QUANTUM PARK DR
City-State-Zip: BOYNTON BEACH FL 33426

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

Title DIRECTOR
Name YOUNGBERG, E SCOTT
Address 4214 PINE CONE LANE
City-State-Zip: BOYNTON BEACH FL 33436

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****01/03/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date