

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2007 8:00 am
Secretary of State

04-17-2007 90049 044 ****61.25

DOCUMENT # 704813 1. Entity Name KIWANIS CLUB OF POMPANO BEACH CHARITABLE FOUNDATION, INC.			
Principal Place of Business 620 SE 5TH TERRACE POMPANO BEACH, FL 33060-8128 US		Mailing Address 620 SE 5TH TERRACE POMPANO BEACH, FL 33060-8128	
2. Principal Place of Business - No P.O. Box # 1440 NE 32nd PL		3. Mailing Address 1440 NE 32nd PL	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State Pompano Beach FL		City & State Pompano Beach FL	
Zip 33064		Zip 33064	
Country 		Country 	
4. FEI Number 59-2519311		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEYS, RICHARD J 620 SE 5TH TERRACE POMPANO BEACH, FL 33060-8128		7. Name and Address of New Registered Agent Name ANDY FEINBERG Street Address (P.O. Box Number is Not Acceptable) 1440 NE 32nd PL City Pompano Beach FL Zip Code 33064	
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 the obligations of registered agent.			
SIGNATURE <small>Signature, typed or printed name of registered agent and title if applicable.</small>		DATE 4/5/07 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KESTER, RANDY 619 E ATLANTIC BLVD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jim Wolff 1630 SE 3rd ST Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LEYS, RICHARD J 620 SE 5TH TERRACE POMPANO Bch, FL 330608128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LOIS NEINKEN 930 SE 9 AV #4 Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FEINBERG, ANDY 1440 NE 32ND PL POMPANO BEACH, FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Dennis Smith 730 SE 5 TER. Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LEYS, GWENDOLYN S 620 SE 5TH TERRACE POMPANO BEACH, FL 330608128 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jack Rogerson 801 SE 6 AV. Pompano Beach FL 33060 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FISHER, LAMAR 2745 E ATLANTIC BLVD STE 200 POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LINDA MYRICK 5931 NE 14 Road FT Lauderdale FL 33334 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NIETER, ED 1661 E ATLANTIC BLVD POMPANO BEACH, FL 33060 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE 4/5/07 DAYTIME PHONE # 954-943-0876	