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FILED

May 08 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **704946** (3)

1. Corporation Name

DELRAY BEACH KIWANIS CHARITIES INC



Principal Place of Business 17 N W 15TH ST P O BOX 122 DELRAY BCH FL 33447	Mailing Address 17 N W 15TH ST P O BOX 122 DELRAY BCH FL 33447
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3. Date Incorporated or Qualified

12/18/1962

4. FEI Number

59-6137983

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HURD, WILLIAM C
17 N W 15TH ST
DELRAY BCH FL 33444**

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCHONE, LARRY T	
STREET ADDRESS	931 PALM TRAIL #8	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	LANZI, RAYMOND C	
STREET ADDRESS	126 SEA ISLAND LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	VD	<input type="checkbox"/> DELETE
NAME	PECARO, BERNARD J	
STREET ADDRESS	329 SEA ISLAND LANE	
CITY-ST-ZIP	BOCA RATON FL	

TITLE	SD	<input type="checkbox"/> DELETE
NAME	HURD, WILLIAM C	
STREET ADDRESS	17 NW 15TH ST	
CITY-ST-ZIP	DELRAY BEACH FL	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, THOMAS R	
STREET ADDRESS	126 SE 31ST AVE	
CITY-ST-ZIP	BOYNTON BEACH FL	

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PD Raymond C. Lanzi
2.3 STREET ADDRESS	126 Sea Island Lane
2.4 CITY-ST-ZIP	Boca Raton FL

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

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

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	VD Dorothy Ellington
6.3 STREET ADDRESS	8597 Windy Cir
6.4 CITY-ST-ZIP	Boynton Beach FL

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: *William C. Hurd* William C. Hurd 4/23/98 561/278-3406

CR2E037 (10/97)