

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# 704946

FILED
Apr 27, 2009
Secretary of State

Entity Name: DELRAY BEACH KIWANIS CHARITIES INC

Current Principal Place of Business:

KIWANIS CLUB OF DELRAY
301 W. ATLANTIC AVENUE O-3
DELRAY BEACH, FL 33444

New Principal Place of Business:

Current Mailing Address:

KIWANIS CLUB OF DELRAY
255 2ND AVENUE, #208
DELRAY BEACH, FL 33444

New Mailing Address:

FEI Number: 59-6137985 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SALOMON, SHIRLEY
2029 HARWOOD D
DEERFIELD BEACH, FL 33442 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: WILLIAM GWYNN

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: SD () Delete
Name: SALOMON, SHIRLEY
Address: 2029 HARDWOOD D
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: T () Delete
Name: LUNSFORD, JAMES D
Address: 2807 SW 5TH STREET
City-St-Zip: BOYNTON BEACH, FL 33435

Title: PD () Delete
Name: DAVID, RICK
Address: 2200 S. OCEAN BLVD. #107
City-St-Zip: DELRAY BEACH, FL 33483

Title: PED () Delete
Name: SHEEHAN, MATT
Address: 2755 W ATLANTIC AVE #101
City-St-Zip: DELRAY BEACH, FL 33445

Title: D () Delete
Name: CANNING, VINCE
Address: 1019 NASSAU ST
City-St-Zip: DELRAY BEACH, FL 33483

Title: D () Delete
Name: PERLMAN, ALVIN
Address: 1717 HOMEWOOD BLVD., #145
City-St-Zip: DELRAY BEACH, FL 33445

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: WILLIAM GWYNN

AG

04/27/2009

Electronic Signature of Signing Officer or Director

Date