

FILED
May 06, 2003 8:00 am
Secretary of State

04-16-2003 90201 027 ****61.25

55038019



☐ CHECK HERE IF MAKING CHANGES

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 704946

1. Entity Name

DELRAY BEACH KWANIS CHARITIES INC



Principal Place of Business

10438 DORCHESTER DR
BOCA RATON FL 33428

Mailing Address

10438 DORCHESTER DR
BOCA RATON FL 33428

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-6137983

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALOMON, SHIRLEY
10438 DORCHESTER DR
BOCA RATON FL 33428

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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

Shirley Salomon Secretary

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$81.25

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE S
NAME SALOMON, SHIRLEY
STREET ADDRESS 10438 DORCHESTER DR
CITY-ST-ZIP BOCA RATON FL 33428 ☐ Delete ☒ Change ☐ Addition

TITLE T
NAME MURD, WILLIAM C
STREET ADDRESS 17 NW 15TH ST
CITY-ST-ZIP DELRAY BEACH FL ☒ Delete ☐ Change ☐ Addition

TITLE D
NAME CONNING, VINCE
STREET ADDRESS 1019 NASSAU ST
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ Delete ☐ Change ☐ Addition

TITLE VD
NAME YOUNG, FRANK
STREET ADDRESS 3812 CYPRESS LAKE DR
CITY-ST-ZIP LAKE WORTH FL 33467 ☐ Delete ☐ Change ☐ Addition

TITLE P
NAME PHILLPOTT, RICHARD E
STREET ADDRESS 300 NORTHEAST 5TH AVENUE
CITY-ST-ZIP DELRAY BEACH FL 33483 ☒ Delete ☐ Change ☐ Addition

TITLE PE
NAME PERLMAN, ALVIN
STREET ADDRESS 6096 HUNTWICK TERR., APT 301
CITY-ST-ZIP DELRAY BEACH FL 33484 ☐ Delete ☒ Change ☐ Addition

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE Treasurer
NAME SUSAN Godsey
STREET ADDRESS Union Bank, 3501 W. Boynton Blvd
CITY-ST-ZIP DOWNTOWN BEACH FL 33426 ☒ Change ☒ Addition

TITLE Vice President
NAME RICK DAVID
STREET ADDRESS 2200 S. Ocean Blvd, #107
CITY-ST-ZIP Delray Beach FL 33483 ☒ Change ☒ Addition

TITLE President-Elect
NAME FRANK YOUNG
STREET ADDRESS 3812 CYPRESS LAKE DR
CITY-ST-ZIP LAKE WORTH FL 33467 ☒ Change ☒ Addition

TITLE Director
NAME Kerry Koen
STREET ADDRESS 1140 SW 15th ST
CITY-ST-ZIP BOCA RATON FL 33486 ☒ Change ☒ Addition

12. 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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

561-588-0102

CR2E037 (10/02)