


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008 8:00 am
Secretary of State

02-29-2008 90011 009 ****61.25

DOCUMENT # 708859					
1. Entity Name KIWANIS CLUB OF PALM BEACH, FLORIDA, INC.					
Principal Place of Business 340 ROYAL PALM WAY SUITE 100 PALM BEACH, FL 33480 US		Mailing Address P.O. BOX 694 PALM BEACH, FL 33480-0694 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-6168934	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Applied For		Not Applicable			
589		Chg-NP		CR2E037 (12/06)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
PILOTTE, FRANK T 340 ROYAL PALM WAY, SUITE 100 PALM BEACH, FL 33480			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		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	PE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ISRAEL, COLEMAN		NAME		
STREET ADDRESS	7175 VENETO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HIRSCHEL, BOB		NAME		
STREET ADDRESS	7182 VENETO DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH, FL 33437		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SHULMAN, STUART		NAME	IPP	
STREET ADDRESS	2280 S OCEAN BLVD		STREET ADDRESS	Shulman, Stuart	
CITY-ST-ZIP	PALM BEACH, FL 33480		CITY-ST-ZIP	2280 S. Ocean Blvd	
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, CHARLES		NAME	P	
STREET ADDRESS	2100 PALM BEACH LAKES BOULEVARD		STREET ADDRESS	Smith, Charles	
CITY-ST-ZIP	WEST PALM BEACH, FL 33409		CITY-ST-ZIP	2100 Palm Beach Lakes Blvd	
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUGHTON, DAVID D		NAME		
STREET ADDRESS	1717 SOUTH FLAGLER DRIVE SUITE 7		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33407		CITY-ST-ZIP		
TITLE	1PP	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change
NAME	TURRELL, RICHARD		NAME	Raith, Eric	<input checked="" type="checkbox"/> Addition
STREET ADDRESS	114 TURTLE CREEK RD		STREET ADDRESS	3547 Dunes Rd.	
CITY-ST-ZIP	TEQUESTA, FL 33469		CITY-ST-ZIP	Palm Beach Gardens, FL 33410	
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: _____			Date: 2/21/08 Daytime Phone #: 561-655-4060		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					