

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 27, 2006 8:00 am**  
**Secretary of State**

01-27-2006 90028 013 \*\*\*\*61.25

**60007164**



01042006 Chg-NP CR2E037 (11/05)

<b>DOCUMENT # 711543</b> 1. Entity Name <b>THE KIWANIS CLUB OF WEST PALM BEACH FOUNDATION, INC.</b>					
Principal Place of Business <b>1850 FOREST HILL BLVD STE 204-A WEST PALM BEACH, FL 33406 US</b>			Mailing Address <b>1850 FOREST HILL BLVD STE 204-A WEST PALM BEACH, FL 33406 US</b>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number <b>59-6197137</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>TIMOTHY M. DECKERT 1850 FOREST HILL BLVD STE 204-A WEST PALM BEACH, FL 33406</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STONE, KENNETH B 218 DATURA STREET WEST PALM BEACH, FL 33401	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIMOTHY M. DECKERT 1850 FOREST HILL BLVD #204-A WEST PALM BEACH, FL 33406	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS ZALOOM, BASIL 1601 FORUM PLACE, STE 800 W PALM BCH, FL 33401	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SANFORD, V. HOWARD 221 SOUTHERN BLVD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SLIDER, RICHARD A 1800 AUSTRALIAN AVE S, STE 301 W PALM BCH, FL 33409	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BURK, CATHLEEN 115 FLAGLER PROMENADE S WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STEVE McDERMOTT 7403 WEST LAKE DR. LAKE CLARK SHORES, FL 33406	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALCOLM McCAMPBELL 501 S. FLAGLER DR., Suite 600 WEST PALM BEACH, FL 33401	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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.					
<b>SIGNATURE:</b> <i>Timothy M. Deckert</i> <b>TIMOTHY M. DECKERT, Treasurer</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>1/24/06</b> Daytime Phone # <b>561-432-4340</b>	