

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 09, 2004 8:00 am**  
**Secretary of State**

03-09-2004 90029 029 \*\*\*\*61.25

**DOCUMENT # 711838**

1. Entity Name

**KIWANIS CLUB OF FORT LAUDERDALE BEACH,  
FLORIDA, INC.**



Principal Place of Business

**936 INTRACOASTAL DR  
#8F  
FORT LAUDERDALE FL 33304-3640  
US**

Mailing Address

**% HAROLD R. LOW  
P.O. BOX 11543  
FT. LAUDERDALE FL 33339-1543**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

**23-7003659**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LOW, HAROLD R  
936 INTRACOASTAL DR #8F  
FT. LAUDERDALE FL 33308**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete  
NAME **LALONDE, CLAUDE**  
STREET ADDRESS **1460 NE 60TH ST.**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33334**

TITLE **President** ☐ Change ☒ Addition  
NAME **Mr. Michael Woodward**  
STREET ADDRESS **1721 N.E. 42nd St.,**  
CITY-ST-ZIP **Oakland Park, FL. 33334.**

TITLE **D** ☐ Delete  
NAME **DAVIS, LARY**  
STREET ADDRESS **10145 SUNRISE LAKES BLVD., #210**  
CITY-ST-ZIP **SUNRISE FL 33322**

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

TITLE **PDS** ☐ Delete  
NAME **LOW, HARRY**  
STREET ADDRESS **2532 N.E. 22ND TERRACE**  
CITY-ST-ZIP **FT. LAUDERDALE FL**

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

TITLE **PP** ☐ Delete  
NAME **BOGGY, LOWELL**  
STREET ADDRESS **6241 NE 19 TERR**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **P** ☐ Delete  
NAME **PRIEBE, ARTHUR F**  
STREET ADDRESS **2590 SE 8 ST**  
CITY-ST-ZIP **POMPAHO BEACH FL**

TITLE **Director** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **VP** ☐ Delete  
NAME **CUMMINGS, CHRISTINA C**  
STREET ADDRESS **PO BOX 480137**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33306**

TITLE **Past President** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 an address, with all other like empowered.

SIGNATURE: **H.R. Low** *HR Low*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*02 March 04*

Date

*954-565-7674*

Daytime Phone #