

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

FILED
Feb 04, 2004 8:00 am
Secretary of State

02-04-2004 90081 037 ****61.25

DOCUMENT # 721273

1. Entity Name

PALM BEACH KIWANIS CLUB FOUNDATION, INC.



Principal Place of Business

Mailing Address

3626 EMBASSY DR
WEST PALM BEACH FL 33401
US

P. O. BOX 694
PALM BEACH FL 33480-0694

94010214



MOORE

CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

PALM BEACH

P.O. Box 694

Suite, Apt. #, etc.

Suite, Apt. #, etc.

P.O. Box 694

City & State

City & State

PALM BEACH FL.

PALM BEACH FL

Zip

Country

Zip

Country

33480

PALM BEACH

33480

PALM BEACH

4. FEI Number

59-7140041

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

**SMITH, WARREN H
3540 S OCEAN BLVD
#212
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

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

TITLE **PD** ☒ Delete
NAME **CRAWFORD, EDWARD JR**
STREET ADDRESS **506 KINGFISH RD**
CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **PD** ☐ Delete
NAME **HEEKE, SUSAN**
STREET ADDRESS **124 SEABREEZE AVE**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE **TD** ☐ Delete
NAME **SMITH, WARREN H**
STREET ADDRESS **3540 S OCEAN BLVD., #212**
CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PRESIDENT-Elect, DIRECTOR** ☐ Change ☒ Addition
NAME **NAN MIAO, NANCY**
STREET ADDRESS **420 ROYAL PALM WAY**
CITY-ST-ZIP **PALM BEACH, FL 33480**

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

WARREN H. SMITH 1/28/04