


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90039 041 ****61.25

DOCUMENT # 731807 1. Entity Name KIWANIS CLUB OF WEST PALM BEACH, FLORIDA, INC.					
Principal Place of Business P O BOX 3092 PO BOX 3092 WEST PALM BEACH, FL 33402			Mailing Address P O BOX 3092 PO BOX 3092 WEST PALM BEACH, FL 33402		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
				Country	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FETTY, G. W 5200 NORTH DIXIE HIGHWAY WEST PALM BEACH, FL 33407				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FETTY, G. W		NAME		
STREET ADDRESS	5200 NORTH DIXIE HWY		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REW, HOWARD M		NAME		
STREET ADDRESS	139 PARKWOOD DRIVE		STREET ADDRESS		
CITY - ST - ZIP	ROYAL PLAM BEACH, FL		CITY - ST - ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAMPBELL, MALCOLM		NAME		
STREET ADDRESS	P.O. BOX 3092		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33402		CITY - ST - ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCCAMPBELL, JAY		NAME		
STREET ADDRESS	P.O. BOX 3092		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33402		CITY - ST - ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ARTHUR-RAO, AUDREY		NAME	PD	
STREET ADDRESS	P.O. BOX 3092		STREET ADDRESS		
CITY - ST - ZIP	WEST PALM BEACH, FL 33402		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	VD	
STREET ADDRESS			STREET ADDRESS	CHERIE BOONE	
CITY - ST - ZIP			CITY - ST - ZIP	P.O. BOX 3092	
			WEST PALM BEACH, FL 33402		
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: <u>Howard M Rew</u> HOWARD M REW <u>561-835-8352</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small>					
TREASURER 3-10-2006					