

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 26, 2007 8:00 am**  
**Secretary of State**

03-26-2007 90055 006 \*\*\*\*61.25

<b>DOCUMENT # 731807</b> 1. Entity Name <b>KIWANIS CLUB OF WEST PALM BEACH, FLORIDA, INC.</b>					
Principal Place of Business <b>P O BOX 3092</b> <b>PO BOX 3092</b> <b>WEST PALM BEACH, FL 33402</b>			Mailing Address <b>P O BOX 3092</b> <b>PO BOX 3092</b> <b>WEST PALM BEACH, FL 33402</b>		
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 <b>59-0504428</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>FETTY, G. W</b> <b>5200 NORTH DIXIE HIGHWAY</b>  <b>WEST PALM BEACH, FL 33407</b>				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</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>					
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	<b>FETTY, G. W</b>		NAME		
STREET ADDRESS	<b>5200 NORTH DIXIE HWY</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL</b>		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>REW, HOWARD M</b>		NAME		
STREET ADDRESS	<b>139 PARKWOOD DRIVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>ROYAL PLAM BEACH, FL</b>		CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>MCCAMPBELL, JAY</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 3092</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARTHUR-RAO, AUDREY</b>		NAME		
STREET ADDRESS	<b>P.O. BOX 3092</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BOONE, CHERIE</b>		NAME	<b>PD</b>	
STREET ADDRESS	<b>POB 3092</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33402</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	<b>VD</b>	
STREET ADDRESS			STREET ADDRESS	<b>VICKY SCHUMACHER</b>	
CITY-ST-ZIP			CITY-ST-ZIP	<b>PO BOX 3092</b>	
			<b>WEST PALM BEACH, FL 33402</b>		
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>Howard M Rew</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>03-21-2007 561-835-8352</b> Date Daytime Phone #		