2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2009
Secretary of State

DOCUMENT# 731807

Entity Name: KIWANIS CLUB OF WEST PALM BEACH, FLORIDA, INC.

Current Principal Place of Business:

P O BOX 3092
PO BOX 3092
WEST PALM BEACH, FL 33402

New Principal Place of Business:

150 AUSTRALIAN AV
WEST PALM BEACH, FL 33406

Current Mailing Address:

P O BOX 3092
PO BOX 3092
WEST PALM BEACH, FL 33402

New Mailing Address:

FEI Number: 59-0504428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FETTY, G. W
5200 NORTH DIXIE HIGHWAY
,
WEST PALM BEACH, FL 33407 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: SD ( ) Delete
Name: FETTY, G. W
Address: 5200 NORTH DIXIE HWY
City-St-Zip: WEST PALM BEACH, FL

Title: TD ( ) Delete
Name: REW, HOWARD M
Address: 139 PARKWOOD DRIVE
City-St-Zip: ROYAL PLAM BEACH, FL

Title: VD ( ) Delete
Name: STARKEY, DOUG
Address: P.O. BOX 3092
City-St-Zip: WEST PALM BEACH, FL 33402

Title: PD ( ) Delete
Name: SCHUMACHER, VICKY
Address: P.O. BOX 3092
City-St-Zip: WEST PALM BEACH, FL 33402

Title: PD (X) Delete
Name: BOONE, CHERIE
Address: POB 3092
City-St-Zip: WEST PALM BEACH, FL 33402

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change ( ) Addition
Name: CRAWFORD, THOMAS C
Address: 223 SUNSET AVE SUITE 200
City-St-Zip: PALM BEACH, FL 33480

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS C. CRAWFORD TD 04/15/2009

Electronic Signature of Signing Officer or Director — Date