FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 21 AM 9:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 770557 (7)

1. Corporation Name
KIWANIS OF SUNRISE BENEVOLENT FOUNDATION, INC.

Principal Place of Business	Mailing Address
% TREASURE CHEST 6057 W. OAKLAND PARK BLVD. SUNRISE FL 33351-1116	% TREASURE CHEST 6057 W. OAKLAND PARK BLVD. SUNRISE FL 33351-1116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1983
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

MUHR, JAMES
3550 N.W. 120TH WAY
SUNRISE FL 33321

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	O'BRIEN, THOMAS	1.2 NAME	JAMES MUHR
STREET ADDRESS	1305 SW 75 AVE	1.3 STREET ADDRESS	3550 N.W. 120th WAY
CITY-ST-ZIP	NO LAUDERDALE FL	1.4 CITY-ST-ZIP	SUNRISE, FL. 33322
TITLE	VD	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	FERRARELLI, RICHARD	2.2 NAME	WILLIAM DUFFY
STREET ADDRESS	9820 NW 32ND MANOR	2.3 STREET ADDRESS	2747 N.W. 42nd AVE.
CITY-ST-ZIP	SUNRISE FL	2.4 CITY-ST-ZIP	COCONUT CREEK, FL. 33066
TITLE	SD	3.1 TITLE	SD ☐ Addition
NAME	CHANDLER, CAROL	3.2 NAME	BOB TANGEMAN
STREET ADDRESS	1904 S.W. 84TH TERRACE	3.3 STREET ADDRESS	3920 N.W. 120 WAY
CITY-ST-ZIP	NORTH LAUDERDALE FL	3.4 CITY-ST-ZIP	SUNRISE FL 33323
TITLE	T	4.1 TITLE	T ☐ Change ☐ Addition
NAME	MUHR, JAMES	4.2 NAME	RICHARD FERRARELLI
STREET ADDRESS	3550 N.W. 120TH WAY	4.3 STREET ADDRESS	9820 N.W. 32nd MANOR
CITY-ST-ZIP	SUNRISE FL	4.4 CITY-ST-ZIP	SUNRISE, FL. 33351
TITLE		5.1 TITLE	☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Richard Ferrarelli RICHARD FERRARELLI 4/15/95 407-686-7770
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0010617