

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90085 016 ****61.25

DOCUMENT # N00000005521

1. Entity Name
**KIWANIS CLUB OF BREAKFAST CLUB OF MARTIN
COUNTY, INC.**



Principal Place of Business
**2401 S. KANNER HIGHWAY
STUART, FL 34994**

Mailing Address
**2401 S. KANNER HIGHWAY
STUART, FL 34994**

94029385



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

01232004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0914644

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MAGER, KENNETH
3980 NE JOE'S POINT RD
STUART, FL 34996**

7. Name and Address of New Registered Agent

Name

Roy Saykay

Street Address (P.O. Box Number is Not Acceptable)

2405 SE Federal Hwy

City

Stuart

FL

Zip

34994

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, printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/10/04

**Filing 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 ☒ Delete
NAME **P MAGER, KENNETH**
STREET ADDRESS **3980 NE JOE'S POINT RD**
CITY-ST-ZIP **STUART, FL 34996**

TITLE ☐ Delete
NAME **VP SAYKAY, ROY**
STREET ADDRESS **2405 SE FEDERAL HWY**
CITY-ST-ZIP **STUART, FL 34994**

TITLE ☐ Delete
NAME **VPD TAYLOR, NICHOLAS**
STREET ADDRESS **1109 SW IMPERIAL DR**
CITY-ST-ZIP **PALM CITY, FL 34990**

TITLE ☒ Delete
NAME **D SANDER, ROBERT**
STREET ADDRESS **8854 SE MARINA BAY DR**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete
NAME **S TAYLOR, JOYCE**
STREET ADDRESS **1109 SE IMPERIAL DR**
CITY-ST-ZIP **HOBE SOUND, FL 33455**

TITLE ☐ Delete
NAME **D HARTNETT, DIANE**
STREET ADDRESS **202 NE WOODS WAY**
CITY-ST-ZIP **JENSEN BEACH, FL 34957**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **P Roy Saykay**
STREET ADDRESS **2405 SE Federal Hwy**
CITY-ST-ZIP **Stuart FL 34994**

TITLE ☒ Change ☐ Addition
NAME **VP Nicholas Taylor**
STREET ADDRESS **1109 SW Imperial Dr**
CITY-ST-ZIP **Palm City FL 34990**

TITLE ☐ Change ☒ Addition
NAME **T Lisa Quachia**
STREET ADDRESS **2401 S. Kanner Hwy**
CITY-ST-ZIP **Stuart FL 34994**

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

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

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 #

2/20/04