

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90030 031 \*\*\*\*61.25

**DOCUMENT # N02000005234**

1. Entity Name

**KIWANIS CLUB OF THE NORTH PALM BEACHES  
FOUNDATION, INC.**



Principal Place of Business

**628 INLET RD  
N PALM BCH FL**

Mailing Address

~~628 INLET RD~~ **1586 Packwood**  
~~N PALM BCH FL~~ **Juno Beach FL**  
**33408**

**04011320**



**MOORE CR2E037 (11/03)**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**43-1968139**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ASCOLI, ERIC**  
**1586 PACKWOOD RD.**  
**JUNO BEACH FL 33408**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **WATSON, JOSEPH G**  
CITY-ST-ZIP **4567 HOLLY DR**  
**PALM BCH GARDENS FL 33418**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **UNGER, JOSEPH F JR**  
CITY-ST-ZIP **205 THORNTON DR**  
**PALM BCH GARDENS FL 33418**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SWARTOUT, GEORGE D**  
CITY-ST-ZIP **628 INLET RD**  
**N PALM BCH GARDENS FL**

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

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **KENNEDY, JAN L**  
CITY-ST-ZIP **2414 BAY VILLAGE CT**  
**PALM BCH GARDENS FL 33410**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **PERRY, CLIFTON**  
CITY-ST-ZIP **724 PELICAN WAY**  
**N PALM BCH FL 33408**

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

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **ASCOLI, ERIC**  
CITY-ST-ZIP **1586 PACKWOOD RD.**  
**JUNO BEACH FL 33408**

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:** ERIC ASCOLI

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Feb 20 2004 561 252 3203**

Date Daytime Phone #