

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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
1586 PACKWOOD RD
NORTH PALM BEACH, FL 33408

FILED
Jul 18, 2008 08:00 AM
Secretary of State



07022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 43-1968139	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

**Filing Fee is \$61.25
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000955580
07/18/08-80003-017 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	WATSON, JOSEPH G
STREET ADDRESS	4567 HOLLY DR
CITY-ST-ZIP	PALM BCH GARDENS, FL 33418
TITLE	D
NAME	SWARTOUT, GEORGE D
STREET ADDRESS	628 INLET RD
CITY-ST-ZIP	N PALM BCH GARDENS, FL
TITLE	D
NAME	PERRY, CLIFTON
STREET ADDRESS	724 PELICAN WAY
CITY-ST-ZIP	N PALM BCH, FL 33408
TITLE	D
NAME	ASCOLI, ERIC
STREET ADDRESS	1586 PACKWOOD RD.
CITY-ST-ZIP	JUNO BEACH, FL 33408
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE:

Eric Ascoli

ERIC ASCOLI

July 2/08 561-7767546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #