

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005234

FILED  
Feb 16, 2009  
Secretary of State

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

**Current Principal Place of Business:**

628 INLET RD  
N PALM BCH, FL

**New Principal Place of Business:**

**Current Mailing Address:**

1586 PACKWOOD RD  
NORTH PALM BEACH, FL 33408

**New Mailing Address:**

**FEI Number:** 43-1968139

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ASCOLI, ERIC  
1586 PACKWOOD RD.  
JUNO BEACH, FL 33408 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: D ( ) Delete  
Name: WATSON, JOSEPH G  
Address: 4567 HOLLY DR  
City-St-Zip: PALM BCH GARDENS, FL 33418

Title: D ( ) Delete  
Name: SWARTOUT, GEORGE D  
Address: 628 INLET RD  
City-St-Zip: N PALM BCH GARDENS, FL

Title: D ( ) Delete  
Name: PERRY, CLIFTON  
Address: 724 PELICAN WAY  
City-St-Zip: N PALM BCH, FL 33408

Title: D ( ) Delete  
Name: ASCOLI, ERIC  
Address: 1586 PACKWOOD RD.  
City-St-Zip: JUNO BEACH, FL 33408

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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: ERIC ASCOLI

D

02/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date