2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005647

FILED Mar 16, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF CORAL SPRINGS CHARITABLE FOUNDATION, INC.

Current Principal Place of Business:				New Princ	New Principal Place of Business:			
	GOUZ, 553 [.]	I NO. UNIVERSIT	Y DR.					
SUITE 101 CORAL SF	PRINGS, FL	330674649 US						
Current Mailing Address:				New Maili	New Mailing Address:			
PO BOX 87 CORAL SF	145 PRINGS, FL	33075 US						
El Number:	13-4219352	FEI Number Appl	ied For ()	El Number Not Appl	icable ()	Certificate of Status D	esired ()	
Name and	Address of	Current Register	ed Agent:	Name and	Address of	f New Registered Age	ent:	
GOUZ, LOUIS 5531 NORTH UNIVERSITY DRIVE SUITE 101 CORAL SPRINGS, FL 330674649 US								
	named entity of Florida.	submits this state	ment for the purp	oose of changing it	ts registered	d office or registered ag	gent, or both,	
BIGNATUF								
	Electro	nic Signature of R	egistered Agent			Date		
OFFICERS AND DIRECTORS:				ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Nddress: Dity-St-Zip:	LOUIS, GOUZ 5531 NORTH) Delete UNIVERSITY DRIVE, 9 NGS, FL 33067 US	SUITE 101	Title: Name: Address: City-St-Zip:		() Change () Addition		
Title: Name: Address: Dity-St-Zip:	JAMIESON, Ñ 9939 NW 19T			Title: Name: Address: City-St-Zip:	GIBBONS,, T	VALK DRIVE, NORTH #206		
Title: Name: Nddress: Dity-St-Zip:	SOMMERER, 9501 WISHBO			Title: Name: Address: City-St-Zip:	JAMIESON, 1 9939 NW 19			
Fitle: Name: Address: City-St-Zip:	D (GIMMY, DAN 11515 N. W. 7 PARKLAND, F			Title: Name: Address: City-St-Zip:	POWERS, TH 2050 N. W. 1	(X) Change()Addition HOMAS I03RD TERRACE INGS, FL 33071 US		
Fitle: Name: Address: Dity-St-Zip:	ROGERS, JO 5521 NORTH) Delete HN UNIVERSITY DRIVE, \$ IGS, FL 33067 US	SUITE 104	Title: Name: Address: City-St-Zip:		() Change () Addition		
ītle: lame: lddress: Dity-St-Zip:	D (FEDAK, BOB 6689 MARTIN MARGATE, FL			Title: Name: Address: City-St-Zip:		() Change () Addition		
L L				d t li£ . £		tion stated in Chapter 1	140	

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: LOUIS GOUZ PD 03/16/2009