

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90123 017 \*\*\*\*70.00

**DOCUMENT # N04000007631**

1. Entity Name  
**ROTARY CLUB OF DELRAY BEACH, SUNRISE  
FOUNDATION, INC.**



Principal Place of Business  
**2150 S OCEAN BLVD 4E  
DELRAY BCH, FL 33483**

Mailing Address  
**2150 S OCEAN BLVD 4E  
DELRAY BCH, FL 33483**

**50029634**



03012005 Chg-NP CR2E037 (10/03)

4. FEI Number  
**03-0547065** Applied For  
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**RUTHERFORD MULHALL, P.A.  
2600 N MILITARY TRL 4TH FL  
BOCA RATON, FL 33431**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

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	P	<input type="checkbox"/> Delete
NAME	KADIN, FRED M	
STREET ADDRESS	5425 10TH FAIRWAY DR #3	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	OWEN, FRANCES V	
STREET ADDRESS	2150 S OCEAN BLVD 4E	
CITY-ST-ZIP	DELRAY BCH, FL 33483	
TITLE	P	<input type="checkbox"/> Delete
NAME	ALLEN, C RON	
STREET ADDRESS	3107 S W 20TH TERR #A-2	
CITY-ST-ZIP	DELRAY BCH, FL 33445	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BINKOVITZ, EUGENE	
STREET ADDRESS	5220 BODEGA PL	
CITY-ST-ZIP	DELRAY BCH, FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	AYALA, DARIO	
STREET ADDRESS	1600 WOODFERN DR	
CITY-ST-ZIP	BOYNTON BCH, FL 334366651	
TITLE	T	<input type="checkbox"/> Delete
NAME	FRANKLIN, SUZETTE	
STREET ADDRESS	220 SW 8TH AVE	
CITY-ST-ZIP	DELRAY BCH, FL 33444	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAL BEHL	
STREET ADDRESS	743-1 NE 12TH TERRACE	
CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: FRED M KADIN, PRESIDENT 3/4/05 561-912-0165  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #