

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000000391

FILED
Mar 25, 2009
Secretary of State

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

Current Principal Place of Business:

628 INLET ROAD
NORTH PALM BEACH, FL 33408

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
NORTH PALM 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: P () Delete
Name: MAYES, THOMAS C
Address: 2177 RADNOR COURT JUNO ISLES
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: V () Delete
Name: HOWARD, MARSHALL
Address: 1108 MARINE WAY
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: S () Delete
Name: ALLEN, MARGARET L
Address: 2406 SAN PIETRO CIRCLE
City-St-Zip: PALM BEACH GARDENS, FL 33410

Title: T () Delete
Name: ASCOLI, ERIC
Address: 1586 PACKWOOD RD
City-St-Zip: NORTH PALM 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, TREASURER

MR.

03/25/2009

Electronic Signature of Signing Officer or Director

_____ Date