

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006170

FILED  
Mar 25, 2008  
Secretary of State

Entity Name: KIWANIS CLUB OF TAMARAC, INC.

## Current Principal Place of Business:

8525 WEST MCNAB ROAD  
TAMARAC, FL 333213209 US

## New Principal Place of Business:

## Current Mailing Address:

8525 WEST MCNAB ROAD  
TAMARAC, FL 333213209 US

## New Mailing Address:

FEI Number: 26-0395778

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ENTIN, RICHARD  
4300 NORTH UNIVERSITY DRIVE  
SUNRISE, FL 33351 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: PD ( ) Delete  
Name: BERNIS, ANDREW  
Address: 4846 NW 67TH AVENUE  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: VPD ( ) Delete  
Name: VELEZ, ANDREW  
Address: 10920 WEST SAMPLE ROAD  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: TD ( ) Delete  
Name: GERSTENSLAGER, KATHY  
Address: 6720 NW 29TH TERRACE  
City-St-Zip: FT LAUDERDALE, FL 33309

Title: D ( ) Delete  
Name: PROBERT, LINDA  
Address: 255 NW 100TH AVENUE  
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete  
Name: HUNTER, KATHY  
Address: 12199 NATALIES COVE ROAD  
City-St-Zip: COOPER CITY, FL 33330 US

Title: D ( ) Delete  
Name: HAWTHORN, RON  
Address: 7435 WOODMONT TERRACE #104  
City-St-Zip: TAMARAC, FL 33321 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition  
Name: SALWAY, MINDY  
Address: 7118 UNIVERSITY DR  
City-St-Zip: TAMARAC, FL 33321 US

Title: TD (X) Change ( ) Addition  
Name: GERSTENSLAGER, KATHY  
Address: 8201 PINE ISLAND RD  
City-St-Zip: TAMARAC, FL 33321

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: DIRECTOR/KATHY GERSTENSLAGER

TD

03/25/2008

Electronic Signature of Signing Officer or Director

Date