

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006170

FILED
Apr 21, 2009
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:

7525 NW 8TH AVE
105
TAMARAC, FL 33321 US

Current Mailing Address:

8525 WEST MCNAB ROAD
TAMARAC, FL 333213209 US

New Mailing Address:

7525 NW 8TH AVE
105
TAMARAC, FL 33321 US

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: BERNS, ANDREW
Address: 4846 NW 67TH AVENUE
City-St-Zip: LAUDERHILL, FL 33319 US

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

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

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: PD (X) Change () Addition
Name: SALWAY, MINDY
Address: 7525 NW 88TH AVE
City-St-Zip: TAMARAC, FL 33321 US

Title: VPD (X) Change () Addition
Name: MALKOFF, BOB
Address: 4722 NW 44TH CT
City-St-Zip: TAMARAC, FL 33319 US

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: MINDY SALWAY

PD

04/21/2009

Electronic Signature of Signing Officer or Director

Date