

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000002418

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: KIWANIS CLUB OF COOPER CITY, FLORIDA, INC.

## Current Principal Place of Business:

9050 PINES BLVD SUITE 450  
PEMBROKE PINES, FL 33024

## New Principal Place of Business:

## Current Mailing Address:

9050 PINES BLVD SUITE 450  
PEMBROKE PINES, FL 33024

## New Mailing Address:

FEI Number: 20-8769364

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BLITMAN, BRUCE ESQ  
9050 PINES BLVD SUITE 450  
PEMBROKE PINES, FL 33024 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: KLEIMAN, ELLIOT  
Address: 10804 RICHMOND PLACE  
City-St-Zip: COOPER CITY, FL 33026

Title: S ( ) Delete  
Name: CUMMINGS, STEPHEN P  
Address: 610 S. PARK RD. #127  
City-St-Zip: HOLLYWOOD, FL 33021

Title: VP ( ) Delete  
Name: HATCHER, DONALD  
Address: 4897 CITRUS WAY  
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete  
Name: BLITMAN, BRUCE  
Address: 11762 SW 51 COURT  
City-St-Zip: COOPER CITY, FL 33330

Title: T (X) Delete  
Name: KADEL, MIKE  
Address: 9050 PINES BLVD SUITE 450  
City-St-Zip: PEMBROKE PINES, FL 33024

Title: D (X) Delete  
Name: GOOLJAR, AVINASH  
Address: 10673 NW 32 COURT  
City-St-Zip: SUNRISE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: KRUGER, LYDIA  
Address: 5569 S.W. 113 AVE  
City-St-Zip: COOPER CITY, FL 33330

Title: S (X) Change ( ) Addition  
Name: GOOD, LYNDIA  
Address: 563 BEDFORD AVE  
City-St-Zip: WESTON, FL 33326

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

Title: T (X) Change ( ) Addition  
Name: KADEL, MICHAEL P  
Address: 1222 N.W. 143 AVE  
City-St-Zip: PEMBROKE PINES, FL 33028

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: MICHAEL P. KADEL

T

04/28/2009

Electronic Signature of Signing Officer or Director

Date