

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005040

FILED
Apr 21, 2009
Secretary of State

Entity Name: KIDNEY ASSOCIATION OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

4791 ELMHURST ROAD
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

4791 ELMHURST ROAD
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 26-2700325

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SYMONETTE, JAN
4791 ELMHURST ROAD
WEST PALM BEACH, FL 33417 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: D () Delete
Name: SYMONETTE, JAN
Address: 4791 ELMHURST ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: GOODSTEIN, MAY
Address: 4791 ELMHURST ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: GLENNON, JULIE
Address: 4791 ELMHURST ROAD
City-St-Zip: WEST PALM BEACH, FL 33417

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: ARCENEUX, JESS
Address: 10459 SE SILVER PALM WAY
City-St-Zip: TEQUESTA, FL 33469

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: JANICE SYMONETTE

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date