
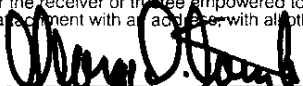


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 14, 2004 8:00 am**  
**Secretary of State**

05-14-2004 90006 045 \*\*\*\*61.25

<b>DOCUMENT # N19627</b> 1. Entity Name <b>KIWANIS CLUB OF WEST HOLLYWOOD, INC.</b>					
Principal Place of Business <b>2450 HOLLYWOOD BOULEVARD SUITE 105 HOLLYWOOD FL 33020</b>			Mailing Address <b>2450 HOLLYWOOD BOULEVARD SUITE 105 HOLLYWOOD FL 33020</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>NO-T APPLICABLE</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GREENBERGER, DAVID 2450 HOLLYWOOD BLVD., SUITE 105 HOLLYWOOD FL 33020</b>			Name <b>GEORGE D. TOWN</b>		
			Street Address (P.O. Box Number is Not Acceptable) <b>3389 SHERIDAN ST. #124</b>		
			City <b>HOLLYWOOD</b>		
			Zip Code <b>FL 33021</b>		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE		<b>GEORGE D. TOWN</b>		<b>05/11/04</b>	
<small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating). DATE)</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOREVITZ, MARK</b>		NAME		
STREET ADDRESS	<b>850 SE 3RD TERRACE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>POMPANO FL</b>		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>TOWN, GEORGE</b>		NAME		
STREET ADDRESS	<b>3389 SHERIDAN ST., #124</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>		CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>WEISS, NAT</b>		NAME		
STREET ADDRESS	<b>6609 ARBOR DR.</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>MIRAMAR FL</b>		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an addressee with all other like empowered.					
SIGNATURE: 		<b>GEORGE D. TOWN</b>		<b>05/11/04</b>	
				<b>954/889/0720</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					