

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 31, 2006 8:00 am
Secretary of State

07-31-2006 90009 044 ****61.25

DOCUMENT # N21497

1. Entity Name
KIWANIS CLUB OF DELRAY BEACH, INC.



Principal Place of Business
**KIWANIS CLUB OF DELRAY
255 NE 2ND AVENUE #208
DELRAY BEACH, FL 33444**

Mailing Address
**KIWANIS CLUB OF DELRAY
255 NE 2ND AVENUE #208
DELRAY BEACH, FL 33444**



07142006 No Chg-NP CR2E037 (4/06)

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4. FEI Number
59-0530318

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent



**Shirley Salomon
3288 NW 15th St.
Ft Lauderdale, FL 33311**

Chge of address
K

**DO NOT WRITE
IN THIS SPACE**

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 *Shirley Salomon*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

07/30/06
DATE

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
SALOMON, SHIRLEY
2029 HARDWOOD D
DEERFIELD BEACH, FL 33442**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
LUNS福德, JAMES D
2807 SW 5TH ST
BOYNTON BEACH, FL 33435**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
DAVID, RICK
2200 S OCEAN BLVD #107
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PED
SHEEHAN, MATT
2755 W ATLANTIC AVE #101
DELRAY BEACH, FL 33445**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
CANNING, VINCE
1019 NASSAU ST
DELRAY BEACH, FL 33483**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
PERLMAN, ALVIN
1717 HOMEWOOD BLVD #145
DELRAY BEACH, FL 33445**

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 address, with all other like empowered.

SIGNATURE: *James D. Lunsford* **JAMES D. LUNSFORD** *7/20/06* *561-454-2900*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #