

2007 NOT FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # N21497

1. Entity Name



KIWANIS CLUB OF DELRAY BEACH, INC.

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

**SALOMON, SHIRLEY
3288 NW 15TH ST
FORT LAUDERDALE FL 33311**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
SD
SALOMON, SHIRLEY
STREET ADDRESS
2029 HARDWOOD D
CITY-STATE-ZIP
DEERFIELD BEACH FL 33442 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**U00000748543
05/17/07-80073-005 61.25** ☐ Change ☐ Addition

TITLE
NAME
T
LUNSFORD, JAMES D
STREET ADDRESS
2807 SW 5TH ST
CITY-STATE-ZIP
BOYNTON BEACH FL 33435 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Matt Sheehan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/07
Date

Deputy Phone #