

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2008 08:00 AM
Secretary of State

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



04242008 No Chg-NP

CR2E037 (4/06)

4. FEI Number

59-0530318

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

**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 _____

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

(NOTE: Registered Agent signature required when reissuing)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	SD
NAME	SALOMON, SHIRLEY
STREET ADDRESS	2029 HARDWOOD D
CITY- ST- ZIP	DEERFIELD BEACH, FL 33442
TITLE	T
NAME	LUNSFORD, JAMES D
STREET ADDRESS	2807 SW 5TH ST
CITY- ST- ZIP	BOYNTON BEACH, FL 33435
TITLE	PD
NAME	DAVID, RICK
STREET ADDRESS	2200 S OCEAN BLVD #107
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	PED
NAME	SHEEHAN, MATT
STREET ADDRESS	2755 W ATLANTIC AVE #101
CITY- ST- ZIP	DELRAY BEACH, FL 33445
TITLE	D
NAME	CANNING, VINCE
STREET ADDRESS	1019 NASSAU ST
CITY- ST- ZIP	DELRAY BEACH, FL 33483
TITLE	D
NAME	PERLMAN, ALVIN
STREET ADDRESS	1717 HOMEWOOD BLVD #145
CITY- ST- ZIP	DELRAY BEACH, FL 33445

**DO NOT WRITE
IN THIS SPACE**

U00000930160
05/21/08-80096-018 61.25

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #