

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2002 8:00 am
Secretary of State

04-30-2002 90079 046 ****61.25

DOCUMENT # N47365

1. Entity Name

KIWANIS CLUB OF GREENACRES CITY, FLORIDA, INC.

Principal Place of Business

Mailing Address

**P.O. BOX 5475
 LAKE WORTH FL 33466-5475
 US**

**P.O. BOX 5475
 LAKE WORTH FL 33466-5475
 US**

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

65-0140616

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

**FRITTS, ROBERT P.
 5700 LAKE WORTH RD
 SUITE 105
 LAKE WORTH FL 33463**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

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

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **P** ☒ Delete
 NAME **SHEPHARD, EDWIN H**
 STREET ADDRESS **714 OCEAN DUNNES CIRCLE**
 CITY-ST-ZIP **JUPITER FL 33477**

TITLE **P** ☐ Change ☒ Addition
 NAME **SHANE, Jeffrey C.**
 STREET ADDRESS **2206 Soundings Ct**
 CITY-ST-ZIP **Greenacres, FL 33413-2036**

TITLE **PD** ☒ Delete
 NAME **LOCKE, DWAYNE E**
 STREET ADDRESS **120 CAYMAN DR**
 CITY-ST-ZIP **PALM SPRINGS FL 33461-2004**

TITLE **VD** ☐ Change ☒ Addition
 NAME **MOORE, Donald L.**
 STREET ADDRESS **2641 Gately Dr W #1601**
 CITY-ST-ZIP **West Palm Beach, FL 33415-7963**

TITLE **D** ☒ Delete
 NAME **LOCKE, DWAYNE E**
 STREET ADDRESS **120 CAYMAN DRIVE**
 CITY-ST-ZIP **PALM SPRINGS FL 33461**

TITLE **VD** ☐ Change ☒ Addition
 NAME **BOROWSKI, Michael P.**
 STREET ADDRESS **c/o Liberty Park Elementary School**
 CITY-ST-ZIP **6601 Constitution Way, W.Palm Bch., FL 33413**

TITLE **D** ☒ Delete
 NAME **FREED, SHY**
 STREET ADDRESS **3080 AMBERTREE LANE**
 CITY-ST-ZIP **GREENACRES FL 33463**

TITLE **D** ☐ Change ☒ Addition
 NAME **LOCKE, Dwayne E.**
 STREET ADDRESS **120 Cayman Dr**
 CITY-ST-ZIP **Palm Springs, FL 33461**

TITLE **TD** ☐ Delete
 NAME **GOLDMAN, IRA**
 STREET ADDRESS **4471 LUXEMBURG CT**
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **S** ☐ Delete
 NAME **COREN, JOYCE E**
 STREET ADDRESS **812 ILENE ROAD WEST**
 CITY-ST-ZIP **WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 address, with all other like empowered.

SIGNATURE:

JOYCE E. COREN, Secretary

Joyce E. Coren

4-15-2002

561-968-1040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)

0076151