

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90513 018 \*\*\*\*61.25

<b>DOCUMENT # N47365</b> 1. Entity Name <b>KIWANIS CLUB OF GREENACRES CITY, FLORIDA, INC.</b>			
Principal Place of Business <b>P.O. BOX 5475</b> <b>LAKE WORTH, FL 33466-5475 US</b>		Mailing Address <b>P.O. BOX 5475</b> <b>LAKE WORTH, FL 33466-5475 US</b>	
2. Principal Place of Business <b>3001 S. Congress Ave</b> Suite, Apt. #, etc.		3. Mailing Address <b>3001 S. Congress Ave</b> Suite, Apt. #, etc.	
City & State <b>Palm Spr. FL</b>		City & State <b>Palm Spr. FL</b>	
Zip <b>33461</b>		Country <b>USA</b>	
4. FEI Number <b>65-0140616</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>FRITTS, ROBERT P.</b> <b>5700 LAKE WORTH RD</b> <b>SUITE 105</b> <b>LAKE WORTH, FL 33463</b>		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		DATE <b>February 24, 2005</b>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
<b>Make/check payable to Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>VP</del> <del>FRITTS, ROBERT P.</del> <del>5700 LAKE WORTH RD., STE. 105</del> <del>LAKE WORTH, FL 33463</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>P</del> <del>BOROWSKI, MICHAEL</del> <del>6601 CONSTITUTION WAY</del> <del>WEST PALM BEACH, FL 33413</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>T</del> <del>SHANE, JEFFEREY C</del> <del>2206 SOUNDINGS CT</del> <del>WEST PALM BEACH, FL 33413</del>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>S</del> <del>LOCKE, DWAYNE E</del> <del>120 CAYMAN DR</del> <del>PALM SPRINGS, FL 33461</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>GOLDMAN, IRA</del> <del>4471 LUXEMBURG CT</del> <del>LAKE WORTH, FL 33467</del>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>D</del> <del>SCHEINBAUM, MARK</del> <del>8296 BLUE CYPRESS DR.</del> <del>LAKE WORTH, FL 33467</del>	<input type="checkbox"/> Delete	TITLE 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 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <b>JOHN F. NOVAK, SR.</b>	
Date <b>24 Feb 05</b>		Daytime Phone # <b>968 2045</b>	