


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 8:00 am
Secretary of State

02-28-2005 90220 003 ****61.25

DOCUMENT # N48432
 1. Entity Name
KIWANIS CLUB OF FLAGLER SUNRISE, INC.



Principal Place of Business **13896 OLEANDER AVE JUNO BEACH FL 33408** *OLD*
 Mailing Address **13896 OLEANDER AVENUE JUNO BEACH FL 33408** *OLD*

2. Principal Place of Business **270 Kensington Way**
 Suite, Apt. #, etc.

3. Mailing Address **270 Kensington Way**
 Suite, Apt. #, etc.


City & State **Wellington, FL**

City & State **Wellington, FL**

Zip **33414** Country **USA**

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1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent
GLATTHORN, DAVID *OLD*
654 RIVERSIDE RD
NORTH PALM BEACH FL 33408

4. FEI Number **65-0142945**

Applied For Not Applicable

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

7. Name and Address of New Registered Agent
 Name **STEVEN P. Eagen**
 Street Address (P.O. Box Number is Not Acceptable)
270 Kensington Way
 City **WELLINGTON** FL Zip Code **33414**

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 Steven P. Eagen (NOTE: Registered Agent signature required when reinstating) DATE 2/23/05

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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 STREET ADDRESS CITY-ST-ZIP | PD ANDERSON, RAY PRESIDE 2056 BONISLE CIRCLE PALM BEACH GARDENS FL 33418 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | President Theresa Lepore P.O. Box 3142 West Palm Beach, FL 33402 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD WEBER, WILLIAM TREASUR 13896 OLEANDER AVENUE JUNO BEACH FL 33408 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Treasurer STEVEN P. Eagen 270 Kensington Way Wellington, FL 33414 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DYE, BRENDA SECRETA 310 ELAINE CIRCLE W. WEST PALM BEACH FL 33409 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | Secretary Brenda DYE 4041 San Marino Blvd #107 WPB, FL 33409 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Brenda Dye DATE: 2-23-05 DAYTIME PHONE #: 355-2898