


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2008 8:00 am
Secretary of State

03-12-2008 90026 006 ****61.25

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



Principal Place of Business Mailing Address
270 KENSINGTON WAY **270 KENSINGTON WAY**
WEST PALM BEACH FL 33414 **WEST PALM BEACH FL 33414**



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
1230 N "O" St. **1230 N "O" St.**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Lake Worth FL **Lake Worth FL**
 Zip Country Zip Country
33460 **USA** **33460** **USA**

4. FEI Number Applied For
65-0142945 Not Applicable
 5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
EAGEN, STEVEN
270 KENSINGTON WAY
WEST PALM BEACH FL 33414

7. Name and Address of New Registered Agent
 Name **Timothy K. Bean**
 Street Address (P.O. Box Number is Not Acceptable)
1230 North "O" Street
 City **Lake Worth** **FL** Zip Code **33460**

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 Timothy K. Bean DATE 2-28-08
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
Due By May 1, 2008

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

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STEPHENS, EDDIE	
STREET ADDRESS	2383 CYPRESS TREE CIRCLE	
CITY- ST- ZIP	WEST PALM BEACH FL 33409	
TITLE	T	<input type="checkbox"/> Delete
NAME	EAGEN, STEVEN P	
STREET ADDRESS	270 KENSINGTON WAY	
CITY- ST- ZIP	WEST PALM BEACH FL 33414	
TITLE	S	<input type="checkbox"/> Delete
NAME	LEPORE, THERESA	
STREET ADDRESS	P.O. BOX 3142	
CITY- ST- ZIP	WEST PALM BEACH FL 33402	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EAGEN, STEVEN P	
STREET ADDRESS	270 Kensington way	
CITY- ST- ZIP	West Palm Beach FL 33409	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bean, Timothy K	
STREET ADDRESS	1230 N "O" Street	
CITY- ST- ZIP	Lake Worth FL 33460	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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: Timothy K. Bean DATE: 2-28-08 TELEPHONE: 561-355-2728