2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48432

FILED Jan 13, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF FLAGLER SUNRISE, INC.

Current Principal Place of Business: New Principal Place of Business:

1230 N "O" ST 1230 NORTH

LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

Current Mailing Address: New Mailing Address:

1230 N "O" ST 1230 N

LAKE WORTH, FL 33460 LAKE WORTH, FL 33460

FEI Number: 65-0142945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BEAN, TIMOTHY K

1230 NORTH "O" ST

LAKE WORTH, FL 33460 US

BEAN, TIMOTHY K

1230 NORTH O STREET

LAKE WORTH, FL 33460 US

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: 01/13/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: T () Delete Title: P (X) Change () Addition

 Name:
 EAGEN, STEVEN P
 Name:
 DYE, BRENDA J

 Address:
 270 KENSINGTON WAY
 Address:
 908 TALLIA CIRCLE

 City-St-Zip:
 WEST PALM BEACH, FL 33414
 City-St-Zip:
 LAKE WORTH, FL 33461

Title: S () Delete Title: () Change () Addition

 Name:
 LEPORE, THERESA
 Name:

 Address:
 P.O. BOX 3142
 Address:

 City-St-Zip:
 WEST PALM BEACH, FL 33402
 City-St-Zip:

 $\label{eq:title:P} {\sf Title:} \qquad {\sf P} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf T} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

 Name:
 EAGAN, STEVEN P
 Name:
 BEAN, TIMOTHY K

 Address:
 270 KENSINGTON WAY
 Address:
 1230 NORTH O STREET

 City-St-Zip:
 WEST PALM BEACH, FL 33409
 City-St-Zip:
 LAKE WORTH, FL 33460

Title: T (X) Delete Title: () Change () Addition

 Name:
 BERN, TIMOTHY K
 Name:

 Address:
 1230 N
 Address:

 City-St-Zip:
 LAKE WORTH, FL 33460
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TIMOTHY K BEAN T 01/13/2009