2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N48796 01-16-2007 90203 033 ****70.00 KIWANIS CLUB OF BOCA RATON-SUNRISE, INC. Mailing Address Principal Place of Business 2422 NW 29TH RD. POST OFFICE BOX 1545 BOCA RATON, FL 33431 BOCA RATON, FL 33429 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 9551 PARKVIEW AVE Post Office Box 1545 Suite, Apt. #, etc. Suite, Apt. #, etc. 01042007 Chg-NP CR2E037 (12/06) Applied For City & State City & State 4. FEI Number 59-6168896 -334Z9 BOCA RATION, BOCARATON Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired us 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MICHEL, HARRY 9551 PARKVIEW AVE Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33428 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. I am familiar with, and accept the obligations of registered agent. ANUARY 11, 2007 **SIGNATURE** Signature, typed or printed name of registered agent and title inappli (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Trust Fund Contribution Due by May 1, 2007 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PD Delete TITLE TITLE Change Change ☐ Addition JOHN, HENRY NAME NAME JAMES BANAEIAN 4400 NORTH FEDERAL HUY, SUITE ! STREET ADDRESS 2422 NW 29TH RD. STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33431 CITY-ST-ZIP BOCA RATON, FL 33431 Delete TITLE TITLE ☐ Change ☐ Addition MICHEL, HARRY NAME STREET ADDRESS 9551 PARKVIEW AVE STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33428 CITY-ST-ZIP TITLE Delete FITIF **Change** ☐ Addition HOWELL, BOB NAME NAME TOMTHAYER 899 SW 16 ST. 899 ENFIELD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 334866904 CITY-ST-ZIP BOCARATON, FL ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

FILED

Jan 16, 2007 8:00 am

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.

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