2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 11, 2008 8:00 am
Secretary of State
01-11-2008 90069 011 ****61.25

DOCUMENT # N49724

1. Entity Name
KIWANIS CLUB OF PALM BEACH GARDENS, FLORIDA, INC.

Principal Place of Business	Mailing Address
1224 US HWY ONE SUITE G NORTH PALM BEACH, FL 33408	1224 US HWY ONE SUITE G NORTH PALM BEACH, FL 33408

01062008 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0349489 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HILLS; DAVE
4655 SQUARE LAKE DR.
PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent

Name: Mary Ellen Flaherty
Street Address (P.O. Box Number is Not Acceptable): 300 N Hwy AIA, A-204
City: Jupiter FL Zip Code: 33477

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RYFF, JOHN HER BL FIN ADVISORS/11300 USHWY 1 STE 600 NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ROMANS, NINA 3399 PGA BLVD STE 400 PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOX, LARRY 209 LONE PINE DR PALM BEACH GARDENS, FL 33410	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Varona, Andre 6345 Lauderdale St Jupiter, FL 33458	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KNAPP, CAROL 2400 PGA BLVD.- # 1 PALM BEACH GARDENS, FL 33408	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S. Flaherty, Mary Ellen 300N Hwy AIA # A 204 Jupiter, FL 33477-4535	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GORDON, PATRICIA 1224 US HWY ONE STE G NORTH PALM BEACH, FL 33408	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LENZ, MARIBETH 16112 E CHELTENHAM DR LOXAHATCHEE, FL 33470	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Patricia O Gordon Patricia O Gordon 1/9/08 561-622-7401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #