2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49724

FILED Jan 08, 2009 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
	HWY ONE					
SUITE G NORTH P.	ALM BEACH,	FL 33408				
Current Mailing Address:			New Maili	New Mailing Address:		
SUITE G	HWY ONE PALM BEACH,	FL 33408				
FEI Number	: 65-0349489	FEI Number Applied For ()	FEI Number Not App	licable ()	Certificate of Status Desired ()	
Name and	d Address of (Current Registered Agent:	Name and	l Address of	New Registered Agent:	
300 N HW	Y, MARY ELLE YY A1A A204 FL 33477	EN US				
	e named entity e of Florida.	submits this statement for the p	ourpose of changing i	its registered	office or registered agent, or both,	
SIGNATUI	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	RYFF, JOHN HER BL FIN AI NORTH PALM D (ROMANS, NIN		Title: Name: Address: City-St-Zip: Title: Name:	DANIELS, RO THE WEISS S PALM BEACH SEC (X ROULIS, JUD	SCHOOL, 4176 BURNS RD I GARDENS, FL 33410 X) Change () Addition Y	
Address: City-St-Zip:	3399 PGA BLV PALM BEACH	/D STE 400 GARDENS, FL 33410	Address: City-St-Zip:		TARY TRAIL # 9 I GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	P (VARONA, AND 6345 LAUDER JUPITER, FL	DALE ST	Title: Name: Address: City-St-Zip:	D () VARONA, AND 6345 LAUDER JUPITER, FL	RDALE ST	
Title: Name: Address: City-St-Zip:	FOX, LARRY 209 LONE PIN) Delete E DR GARDENS, FL 33410	Title: Name: Address: City-St-Zip:	FOX, LARRY 209 LONE PIN	X) Change()Addition NE DR I GARDENS, FL 33410	
Title: Name: Address: City-St-Zip:	GORDON, PÀT 1224 US HWY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D (LENZ, MARIBE) Delete	Title: Name:	() Change () Addition	

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: PATRICIA O. GORDON TREA 01/08/2009