

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N49724

FILED  
Jan 25, 2011  
Secretary of State

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

**Current Principal Place of Business:**

1224 US HWY ONE  
SUITE G  
NORTH PALM BEACH, FL 33408 US

**New Principal Place of Business:**

**Current Mailing Address:**

1224 US HWY ONE  
SUITE G  
NORTH PALM BEACH, FL 33408 US

**New Mailing Address:**

**FEI Number:** 65-0349489

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLAHERTY, MARY ELLEN  
300 N HWY A1A A204  
JUPITER, FL 33477 US

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

KNAPP, CAROL  
5510 PGA BLVD.  
SUITE 213  
PALM BEACH GARDENS, FL 33418 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: CAROL KNAPP

01/25/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PRES  
Name: DANIELS, ROSEMARY  
Address: THE WEISS SCHOOL, 4176 BURNS RD  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: SEC  
Name: KNAPP, CAROL  
Address: 5510 PGA BLVD, SUIT 213  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D  
Name: FOX, ROSALIE  
Address: 13724 SAND CRANE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33418 US

Title: D  
Name: FOX, LARRY  
Address: 209 LONE PINE DR  
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: TREA  
Name: GORDON, PATRICIA  
Address: 1224 US HWY ONE STE G  
City-St-Zip: NORTH PALM BEACH, FL 33408 US

Title: P EL  
Name: LENZ, MARIBETH  
Address: 16112 E CHELTENHAM DR  
City-St-Zip: LOXAHATCHEE, FL 33470 US

I hereby 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 all other like empowered.

SIGNATURE: PATRICIA O. GORDON

TREA

01/25/2011

Electronic Signature of Signing Officer or Director

Date