

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

DOCUMENT # N93000003607

1. Entity Name

KIWANIS CLUB OF DANIA BEACH, INC.



**FILED  
Apr 27, 2005 8:00 am  
Secretary of State**

04-27-2005 90330 023 \*\*\*\*61.25



1st MOORE CR2E037 (10/04)

Principal Place of Business		Mailing Address	
P.O. BOX 567 DANIA BEACH FL 33004		P.O. BOX 567 DANIA FL 33004-0567	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
PORZIO, PAUL J 220 SE 1 ST DANIA BEACH FL 33004		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

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

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	PDD PORZIO, PAUL J 220 SE 1 ST DANIA BEACH FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LIZANA, KATHERINE 214 SE 2nd ST DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDD LIZANA, ROSE 214 SE 2ND ST DANIA BEACH FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CORBIN, MYRTLE 248 SW 13th ST DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JASON, GEORGE A 4549 SW 37TH AVE FT LAUDERDALE FL 33312	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, BARRY P O Box401 DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GENTRY, SHIRLEY C 1201 N FEDERAL HIWAY HOLLYWOOD FL 33020	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLACKMON, BRENDA 718 SW 4th ST DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COACHMAN, ONELL 736 SW 2 PLACE DANIA BEACH FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERTINO, BARBARA 211 SW 2nd TER DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAMBROSI, HELEN 4840 SW 25TH AVE DANIA BEACH FL 33004	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McELYEA, CHARLES 418 SW 2nd PLACE DANIA BEACH, FL 33004	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

George A. Jason

April 21, 2005 (954) 987-4347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #