

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

08 JAN ~~FEB~~ AM 11:04

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**DOCUMENT # N94000005963**  
1. Entity Name  
**KIWANIS CLUB OF POMPANO BEACH, WESTSIDE, FLORIDA, INC.**

Principal Place of Business <b>730 NW 18TH STREET POMPANO BEACH, FL 33060</b>	Mailing Address <b>730 NW 18TH STREET POMPANO BEACH, FL 33060</b>
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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

01232008 Chg-NP CR2E037 (12/06)

4. FEI Number <b>65-0569239</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

<b>6. Name and Address of Current Registered Agent</b>  <b>LARKINS, E. PAT</b> <b>1534 NW 4TH AVENUE</b> <b>POMPANO BEACH, FL 33060</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b> Zip Code</span>
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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, ANNIE G	NAME	<b>200118352442</b>
STREET ADDRESS	730 NW 18TH STREET	STREET ADDRESS	<b>02/19/08--01050--002 **\$61.00</b>
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THURSTON, KENNETH	NAME	
STREET ADDRESS	4877 NW 67TH AVENUE	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL, FL 33319	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODRUM-JOHNSON, MARIE	NAME	
STREET ADDRESS	740 NW 18 STREET	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARKIN, E. PAT	NAME	
STREET ADDRESS	1534 NW 4 AVENUE	STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH, FL 33060	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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: *Kenneth Thurston DP* Date: 1-31-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

KS