2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005963

Address:

City-St-Zip:

FILED Mar 24, 2009 Secretary of State

Entity Name: KIWANIS CLUB OF POMPANO BEACH, WESTSIDE, FLORIDA, INC.

Current Principal Place of Business: New Principal Place of Business: 730 NW 18TH STREET POMPANO BEACH, FL 33060 **Current Mailing Address: New Mailing Address:** 730 NW 18TH STREET POMPANO BEACH, FL 33060 FEI Number: 65-0569239 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: LARKINS, E. PAT GOODRUM-JOHNSON, MARIE 1534 NW 4TH AVENUE 740 NW 18 STREET POMPANO BEACH, FL 33060 POMPANO BEACH, FL 33060 US 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: MARIE GOODRUM-JOHNSON 03/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition EDWARDS, ANNIE G Name: Name: 730 NW 18TH STREET Address: Address: City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: Title: () Delete Title: (X) Change () Addition DS THURSTON, KENNETH Name: THURSTON, KENNETH Name: Address: 4877 NW 67TH AVENUE Address: 4877 NW 67TH AVENUE City-St-Zip: LAUDERHILL, FL 33319 City-St-Zip: LAUDERHILL, FL 33319 Title: () Delete Title: (X) Change () Addition GOODRUM-JOHNSON, MARIE GOODRUM-JOHNSON, MARIE Name: Name: 740 NW 18 STREET Address: Address: 740 NW 18 STREET City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 Title: DV () Delete Title: (X) Change () Addition Name: LARKIN, E. PAT Name: WILLIAMS, RUNETTE Address: 1534 NW 4 AVENUE Address: 1583 NW 3 WAY City-St-Zip: POMPANO BEACH, FL 33060 City-St-Zip: POMPANO BEACH, FL 33060 Title: () Delete Title: () Change (X) Addition MCDOUGAL, CAROLYN Name: Name:

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.

Address:

City-St-Zip:

632 NW 21 CT

POMPANO BEACH, FL 33060

SIGNATURE: MARIE GOODRUM-JOHNSON DP 03/24/2009