2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2005
Secretary of State

DOCUMENT# N95000004498

Entity Name: KIWANIS CLUB OF BOYNTON BEACH, INC.

Current Principal Place of Business:

PO BOX 156
BOYNTON BEACH, FL 334250156

New Principal Place of Business:

Current Mailing Address:

PO BOX 156
BOYNTON BEACH, FL 334250156

New Mailing Address:

FEI Number: 59-6153446 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EBLING, RANDALL L
209 W. BOYNTON BEACH BLVD.
BOYNTON BEACH, FL 33435 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: EBLING, RANDALL L
Address: 209 W BOYNTON BEACH BLVD
City-St-Zip: BOYNTON BCH, FL 334354022

Title: P ( ) Delete
Name: COATA, TERRY A
Address: 6500 LECHAHET BLVD
City-St-Zip: BOYNTON BEACH, FL 33437

Title: T ( ) Delete
Name: CAHILL, CINDY E
Address: 4601 ROXBURY CT
City-St-Zip: BELLE GLADE, FL 33430

Title: D ( ) Delete
Name: HANSEN, WAYNE
Address: 568 E WOOLBRIGHT RD., #247
City-St-Zip: BOYNTON BEACH, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WAYNE HANSEN DIR 03/29/2005

Electronic Signature of Signing Officer or Director — Date