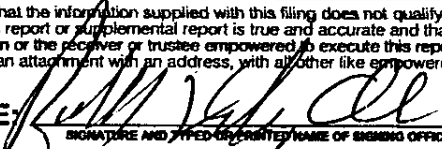


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 25, 2008 8:00 am
Secretary of State

02-25-2008 90040 041 ****61.25

DOCUMENT # N97000004147					
1. Entity Name JEFFREY R. PASTL MEMORIAL SCHOLARSHIP FOUNDATION OF THE KIWANIS CLUB OF BOYNTON BEACH, INC.					
Principal Place of Business P O BOX 156 BOYNTON BCH, FL 33425-0156			Mailing Address P O BOX 156 BOYNTON BCH, FL 33425-0156 US		
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	4. FEI Number 65-0888374	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent EBLING, RANDALL L 209 W. BOYNTON BEACH BLVD BOYNTON BEACH, FL 33435-4022			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City		
Signature			DATE		
Filing Fee is \$61.25 Due by May 1, 2008			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 P NAME FORBES, KEN STREET ADDRESS 135 SE 25TH AVE CITY-ST-ZIP BOYNTON BEACH, FL 33435	☐ Delete		TITLE D NAME BOWMAN, JIM STREET ADDRESS 8336 N. MILITARY TRAIL CITY-ST-ZIP PALM BEACH GARDENS, FL 33410	☒ Change ☒ Addition	
TITLE P NAME COSTA, TERRY STREET ADDRESS 6500 CHALET BLVD CITY-ST-ZIP BOYNTON BEACH, FL 33437	☒ Delete		TITLE D NAME James Simon 430 Woodside Dr West Palm Beach, FL 33415-2541 Ol Doris Pastl 4317 Regd. Rd. Boynton Beach, FL 33436-1703	☐ Change ☐ Addition	
TITLE ST NAME EBLING, RANDALL L DC STREET ADDRESS 209 W BOYNTON BCH BLVD CITY-ST-ZIP BOYNTON BEACH, FL 33436	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: 			2-19-08 561-732-1340		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		