2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N97000004543

Entity Name: KIWANIS CLUB OF DELRAY BEACH-SUNRISE FOUNDATION, INC.

Current Principal Place of Business:

100 NW 1ST AVE
DELRAY BEACH, FL 33444 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 7083
DELRAY BEACH, FL 33482 US

New Mailing Address:

FEI Number: 65-0776935 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBY, BEN
714 N.E. 2ND AVE
DELRAY BEACH, FL 33444 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:	D	( ) Delete
Name:	RANDOLPH, DOUGLAS	
Address:	6400 SQUIREWOOD WAY	
City-St-Zip:	LAKE WORTH, FL 33467	
Title:	D	( ) Delete
Name:	ANTIN, ARTHUR	
Address:	4780 SHERWOOD FOREST DR	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	PD	( ) Delete
Name:	ROSEN, NEIL	
Address:	13387 BARWICK RD	
City-St-Zip:	DELRAY BEACH, FL 33445	
Title:	S	( ) Delete
Name:	SCHOOLER, BARBARA	
Address:	22280 TIMBERLY DR	
City-St-Zip:	BOCA RATON, FL 33428	
Title:	T	( ) Delete
Name:	RUBY, BEN	
Address:	714 N.E. 2ND AVE	
City-St-Zip:	DELRAY BEACH, FL 33444	
Title:	D	( ) Delete
Name:	MARTIN, DOUGLAS	
Address:	4630 PINETREE DRIVE	
City-St-Zip:	DELRAY BEACH, FL 33445	

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:	
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 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.

SIGNATURE: BEN RUBY T 03/04/2009

Electronic Signature of Signing Officer or Director — Date