

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N98000007300**

1. Entity Name

KIWANIS CLUB OF CENTRAL PALM BEACH COUNTY, INC.

Principal Place of Business

**3228 GUN CLUB RD.
W. PALM BCH FL 33406**

Mailing Address

**3228 GUN CLUB RD.
W. PALM BCH FL 33406**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**HALSTEDT, DARLENE
3228 GUN CLUB RD.
W. PALM BCH FL 33406**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	EDWARDS, ANDY	
STREET ADDRESS	1501 LAW LANE	
CITY-ST-ZIP	W. PALM BCH FL 33406	

TITLE	D	<input type="checkbox"/> Delete
NAME	DAMICO, PAUL	
STREET ADDRESS	421 3RD ST.	
CITY-ST-ZIP	W. PALM BCH FL 33406	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DEMARIO, FRANK	
STREET ADDRESS	421 3RD ST.	
CITY-ST-ZIP	W. PALM BCH FL 33406	

TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, KENNETH N	
STREET ADDRESS	3251C MERIDIAN WAY SOUTH	
CITY-ST-ZIP	PALM BCH GARDENS FL 33410	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRISON, BEVERLY	
STREET ADDRESS	3228 GUN CLUB RD.	
CITY-ST-ZIP	W. PALM BCH FL 33406	

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KRASULAK, LARRY	
STREET ADDRESS	851 VILLAGE BLVD., SUITE 502	
CITY-ST-ZIP	W. PALM BCH FL 33409-1936	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE CHRISTODOULOU	
STREET ADDRESS	424 South Congress Ave	
CITY-ST-ZIP	West Palm Beach, FL 33426	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARGARET GOMEZ	
STREET ADDRESS	319 SW 2nd St.	
CITY-ST-ZIP	BOCA RATON, FL 33432	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERALD SALERNO	
STREET ADDRESS	418 South Congress Ave	
CITY-ST-ZIP	West Palm Beach, FL 33426	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90076 045 ****61.25

926999



DO NOT WRITE IN THIS SPACE

4. FEI Number

91-1910385

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

CR2E037 (10/00)