

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 26, 2002 8:00 am**  
**Secretary of State**

08-26-2002 90069 016 \*\*\*\*61.25

**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

3228 Gun Club Rd.

Suite, Apt. #, etc.

WPB FL

City & State

Zip  
33406

Country

3. Mailing Address

P.O. Box 18286

Suite, Apt. #, etc.

City & State

Zip

33416-8286

Country



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

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

8/6/02

Sec/Treasurer

**After September 13, 2002,**  
**min. will be \$236.25.**

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 checked="" type="checkbox"/> Delete
NAME	EDWARDS, ANDY	
STREET ADDRESS	1501 LAW LANE	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DAMICO, PAUL	
STREET ADDRESS	421 3RD ST.	
CITY-ST-ZIP	W. PALM BCH FL 33406	
TITLE	D	<input type="checkbox"/> Delete
NAME	CHRISTODOULOU, STEVE	
STREET ADDRESS	424 SOUTH LOGAN AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33426	
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 type="checkbox"/> Delete
NAME	GOMEZ, MARGARET	
STREET ADDRESS	319 SW 2ND ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SALERNO, GERALD	
STREET ADDRESS	418 SOUTH CONGRESS AVE	
CITY-ST-ZIP	WEST PALM BEACH FL 33426	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	J. T. Hart	
STREET ADDRESS	10315 Snowboat Lane	
CITY-ST-ZIP	Royal P.B. FL 33411	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Beverly Morrison	
STREET ADDRESS	1106 S. Mangonia Ct.	
CITY-ST-ZIP	WPB FL 33401	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Delores Smith	
STREET ADDRESS	3800 N. Australian Ave	
CITY-ST-ZIP	WPB FL 33407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Diane Nicholas	
STREET ADDRESS	2597 Donald Rd	
CITY-ST-ZIP	WPB FL 33406	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Gillert	
STREET ADDRESS	18310 Jupiter Landings.	
CITY-ST-ZIP	Jupiter, FL 33458	
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:

*Margaret G...*  
**SIGNATURE REQUIRED**

8/6/02 561-688-4429

CR2E037 (4/02)