2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000440

FILED Jul 05, 2006 Secretary of State

Entity Name: KIWANIS CLUB OF RIVIERA BEACH FOUNDATION, INC.

	Principal Place of Business:	New Principal Place of Business:
3425 ROS W. PALM	SSICT. BEACH, FL 33417	1677 BRANDYWINE ROAD APT. 1115 W. PALM BEACH, FL 33409
Current M	lailing Address:	New Mailing Address:
3425 ROS W. PALM	SSICT. BEACH, FL 33417	1677 BRNADYWINE ROAD APT. 1115 W. PALM BEACH, FL 33409
In accordan	r: 65-0951558 FEI Number Applied For() nce with s. 607.193(2)(b), F.S., the corporation did d Address of Current Registered Agent:	·
8295 N. M PALM BEA The above	H, DAVID E IILTARY TR., STE. A ACH, FL 334106312 US e named entity submits this statement for the e of Florida.	ne purpose of changing its registered office or registered agent, or both
SIGNATU	RE:	
	Electronic Signature of Registered	Agent Date
OFFICER	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO
Γitle: Name: Address:	S AND DIRECTORS: D () Delete SCHANEL, GLENN 222 WOODSMUIR CT PALM BEACH GARDENS, FL 33418	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR Title: () Change () Addition Name: Address: City-St-Zip:
OFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete SCHANEL, GLENN 222 WOODSMUIR CT	Title: () Change () Addition Name: Address:
Title: Name: Address: City-St-Zip: Title: Name: Address:	D () Delete SCHANEL, GLENN 222 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 D () Delete RICE, R. DAVID 8810 MARLAMOOR LANE	Title: () Change () Addition Name: Address: City-St-Zip: Title: () Change () Addition Name: Address:
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: Address:	D () Delete SCHANEL, GLENN 222 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 D () Delete RICE, R. DAVID 8810 MARLAMOOR LANE WEST PALM BEACH, FL 33412 TD () Delete HARPER, ANNA M 626 W KALMIA DR LAKE PARK, FL 334032110 SD () Delete HERDER, PATRICIA 3425 ROSSI CT	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 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: LEOLA HORTON SD 07/05/2006