2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000440

FILED May 29, 2007 Secretary of State

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

Current P	rincipal Place of Business:	New Principal Place of Business:
	NDYWINE ROAD	1671 BRANDYWINE ROAD
APT. 1115 W. PALM	BEACH, FL 33409	APT. 2115 W. PALM BEACH, FL 33409
Current M	lailing Address:	New Mailing Address:
APT. 1115	ADYWINE ROAD BEACH, FL 33409	1671 BRANDYWINE ROAD APT. 2115 W. PALM BEACH, FL 33409
FEI Number n accordan		Number Not Applicable () Certificate of Status Desired () ve the prior notice. Name and Address of New Registered Agent:
3295 N. M PALM BEA The above	H, DAVID E ILTARY TR., STE. A ACH, FL 334106312 US named entity submits this statement for the purpos e of Florida.	se of changing its registered office or registered agent, or both,
SIGNATU	RE:	
	Electronic Signature of Registered Agent	Date
OFFICER	Electronic Signature of Registered Agent S AND DIRECTORS:	Date ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle: √ame: √address:		
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	D () Delete SCHANEL, GLENN 222 WOODSMUIR CT	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Title: () Change () Addition Name: Address:
DFFICER Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	D () Delete SCHANEL, GLENN 222 WOODSMUIR CT PALM BEACH GARDENS, FL 33418 D () Delete RICE, R. DAVID 8810 MARLAMOOR LANE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 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: Name: Name: Name: Name:	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	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:

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: LEOLA HORTON SD 05/29/2007