2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 30, 2020
Secretary of State
8847066293CC

DOCUMENT# N10000009472

Entity Name: CENTRAL BROWARD KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

665 SW 27 AVENUE
SUITE 16
FT. LAUDERDALE, FL, FL 33312

Current Mailing Address:

P. O. BOX 100948
FT. LAUDERDALE, FL 33310

FEI Number: 27-3145256

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JOHNSON, BRIAN C
665 SW 27 AVENUE
SUITE 16
FT. LAUDERDALE, FL, FL 33312 US

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: BRIAN C. JOHNSON 06/30/2020

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	ROBERTS, LOUIS
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	TRUSTEE
Name	KING, WILHELMINA DR.
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	PRESIDENT
Name	THURSTON, VICTORIA DR.
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	TREASURER
Name	COLLIE, DAWN
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	TRUSTEE
Name	COLEMAN, JENNINGS
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	TRUSTEE
Name	MCGRAW, BRUCE
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	SECRETARY
Name	MCLEOD, EVA
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

Title	TRUSTEE
Name	THOMAS, SABRINA DR.
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310

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I hereby 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 all other like empowered.

SIGNATURE: BRIAN C JOHNSON REGISTERED AGENT 06/30/2020

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	PRESIDENT ELECT
Name	COLEMAN, EDWINA DR.
Address	P. O. BOX 100948
City-State-Zip:	FT. LAUDERDALE FL 33310