

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10000009472

Entity Name: CENTRAL BROWARD KIWANIS FOUNDATION, INC.**Current Principal Place of Business:**10211 PINES BLVD., SUITE 153
PEMBROKE PINES, FL 33026**Current Mailing Address:**P. O. BOX 100948
FT. LAUDERDALE, FL 33310**FEI Number:** 27-3145256**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCCLEARY, MEREDITH
2201 NW 34 AVE.
LAUDERDALE LAKES, FL 33311 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	BONNER, AMOS
Address	P.O. BOX 9603
City-State-Zip:	CORAL SPRINGS FL 33075

Title	VP
Name	PHILLIPS, JAMES
Address	3521 NW 24 ST.
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	TREASURER
Name	COLEMAN, JENNINGS
Address	3011 NW 24 ST
City-State-Zip:	FORT LAUDERDALE FL 33311

Title	ED
Name	JOHNSON, BRIAN C
Address	10211 PINES BLVD., SUITE 213
City-State-Zip:	PEMBROKE PINES FL 33026

Title	SECRETARY
Name	PHILLIPS, VERONICA
Address	3521 NW 24 STREET
City-State-Zip:	FT. LAUDERDALE FL 33311

Title	PE
Name	THURSTON, KEN
Address	4877 NW 67 AVENUE
City-State-Zip:	LAUDERHILL FL 33319

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**EXECUTIVE DIRECTOR****04/27/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date