

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 701861 (7)
1. Corporation Name

THE KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATIO
N, INC.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4:26

Principal Place of Business Mailing Address
3291 SW 21ST ST MIAMI FL 33145
3291 SW 21ST ST MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/02/1961	3a. Date of Last Report 02/07/1994
4. FEI Number 59-0709941	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Room 308, RE Gerstein Suite, Apt. #, etc.	2a. Mailing Address 25 535 Bird Road Suite, Apt. #, etc.
22 Justice Bldg., 1351 NW 12St City & State	27 Coral Gables, Florida City & State
23 Miami, Florida 33125 Zip Country	28 Coral Gables, Florida Zip Country
24 USA 25 USA	29 33146-1307 30 USA

9. Name and Address of Current Registered Agent NELSON, ROSEMARY 3291 SW 21ST ST MIAMI FL 33145	10. Name and Address of New Registered Agent 81 Name Jeffrey Rosinek 82 Street Address (P.O. Box Number is Not Acceptable) 535 Bird Road 83 Coral Gables, Florida 33146-1307 84 City 85 Zip Code FL
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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jeffrey Rosinek 1/25/95
Signature, typed or printed name of registered agent and title if applicable. (DATE: 1/25/95. Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P NAME NELSON, ROSEMARY STREET ADDRESS 3291 S.W. 21ST STREET CITY-ST-ZIP MIAMI FL		1.1 TITLE P/S 1.2 NAME Jeffrey Rosinek 1.3 STREET ADDRESS 535 Bird Road 1.4 CITY-ST-ZIP Coral Gables, Florida 33146-1307	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME GREEN, JR. E STREET ADDRESS 775 N.W. 21ST STREET CITY-ST-ZIP MIAMI FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE S NAME NELSON, RUSSELL, A STREET ADDRESS 3291 SW 21 ST CITY-ST-ZIP MIAMI FL		3.1 TITLE VP 3.2 NAME Stan Blake 3.3 STREET ADDRESS 7810 SW 164 Street 3.4 CITY-ST-ZIP Miami, Florida 33157	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE T NAME SILVERMAN, SAUL H. STREET ADDRESS 8430 S.W. 170TH TERR. CITY-ST-ZIP MIAMI FL		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME BRAWN, ARTHUR H. STREET ADDRESS 5001 SW 05 COURT CITY-ST-ZIP MIAMI FL		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MOORE, A D STREET ADDRESS 549 NW 50 ST CITY-ST-ZIP MIAMI FL		6.1 TITLE D 6.2 NAME Marc Morris 6.3 STREET ADDRESS 90 Edgewater Drive, #516 6.4 CITY-ST-ZIP Miami, Florida 33133	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jeffrey Rosinek President 1/26/95 543 3471
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Original Filing #