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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90053 039 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712328

1. Corporation Name

KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC.

Principal Place of Business

P.O. BOX 640622
N MIAMI BEACH FL 33164-0622
US

Mailing Address

P.O. BOX 640622
N MIAMI BEACH FL 33164-0622
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	03/01/1967
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-6176203
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SEGAL, NORMAN 19835 NE 12 AVE MIAMI FL 33179		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	
		83.	
		84. City	FL
	85. Zip Code		

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DD IPPD <input type="checkbox"/> DELETE	1.1 TITLE	Pres. SLECT <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TEMPLER, PAUL	1.2 NAME	DAUB STARKE
STREET ADDRESS	740 NW 182ND ST	1.3 STREET ADDRESS	1930 NE 187 DRIVE
CITY-ST-ZIP	N. MIAMI BCH FL 33179	1.4 CITY-ST-ZIP	N. MIAMI BEACH FL 33179
TITLE	DD PRES <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARNER, KAREN KAREN	2.2 NAME	
STREET ADDRESS	17050 NE 19TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BCH. FL 33162	2.4 CITY-ST-ZIP	
TITLE	DD UTGARD, HERB <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UTGARD, HERB	3.2 NAME	
STREET ADDRESS	75 NW 187TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BERSON, JEFFREY	4.2 NAME	
STREET ADDRESS	3300 NE 191ST STREET #190C	4.3 STREET ADDRESS	
CITY-ST-ZIP	AVENTURA FL 33180-2449	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SEGAL, NORMAN I	5.2 NAME	
STREET ADDRESS	19835 NE 12 AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, MILTON	6.2 NAME	
STREET ADDRESS	1310 NE 17TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: *Norman I. Segal* **NORMAN I. SEGAL** *Tees* 1/13/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)