

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **733997** (1)
1. Corporation Name
KIWANIS CLUB OF PERRINE CUTLER RIDGE, INC.



Principal Place of Business: % YERBY BARKER, SECRETARY, 10585 SW 109 COURT #202, MIAMI FL 33176
Mailing Address: % YERBY BARKER, SECRETARY, 10585 SW 109 COURT #202, MIAMI FL 33176

3. Date Incorporated or Qualified: 10/06/1975
3a. Date of Last Report: 02/06/1995
4. FEI Number: 59-6155095
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
LUCAS, GEORGE M.
5600 SW 135 AVENUE #212
MIAMI FL 33183

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARKER, YERBY	
STREET ADDRESS	10585 SW 109 COURT #202	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	DOUCETTE, LEE	
STREET ADDRESS	7420 S.W. 117TH STREET	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SMITH, RONALD A.	
STREET ADDRESS	16981 SW 277 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33031	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LUCAS, GEORGE M.	
STREET ADDRESS	5600 S.W. 135TH AVENUE #212	
CITY-ST-ZIP	MIAMI FL 33183	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GRIBBON, PATRICK	
STREET ADDRESS	7700 NORTH KENDALL DR., #505	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 119.07(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: Patrick Gribbon TD Date: Jan 24 1996 Daytime Phone #: 305-279-6622

CR2E037 (12/95)