

FILE NOW: FILING FEE IS \$61.25\*

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

99 OCT 19 PM 2:40

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

349450 - 90037 - 44

DOCUMENT # 733997

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



4/14/99 90037 044 \$61.25

21. Principal Place of Business	22. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	10/08/1975	60-6155095	Not Applicable
23. City & State	24. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Zip	Country	<input type="checkbox"/>	6. Election Campaign Financing Trust Fund Contribution	
25	26	27	<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
LUCAN, GEORGE M 13020 SW 82 TERR MIAMI FL 33183	81 Name: Ronald A. Smith 82 Street Address: 27230 S. Dixie Hwy 83 City: Homestead FL 84 Zip Code: 33032

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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: Ronald A. Smith DATE: 2-18-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: SO	NAME: BARKER, YERBY	1.1 TITLE: <del>President-Director</del>	1.2 NAME: LEON CACARI
STREET ADDRESS: 10585 SW 109 COURT #202	CITY-ST-ZIP: MIAMI FL 33176	1.3 STREET ADDRESS: 14055 SW 142 AVE. #40	1.4 CITY-ST-ZIP: Miami, FL 33186
TITLE: PD	NAME: HATEM, VICTOR	2.1 TITLE: Treasurer-Director	2.2 NAME: RON SMITH
STREET ADDRESS: 8080 SW 140 ST	CITY-ST-ZIP: MIAMI FL 33176	2.3 STREET ADDRESS: 27230 S. Dixie Hwy	2.4 CITY-ST-ZIP: Homestead, FL 33032
TITLE: TD	NAME: GRIBBON, PATRICK	3.1 TITLE:	3.2 NAME:
STREET ADDRESS: 7700 NORTH KENDALL DR., #505	CITY-ST-ZIP: MIAMI FL 33158	3.3 STREET ADDRESS:	3.4 CITY-ST-ZIP:
TITLE:	NAME:	4.1 TITLE:	4.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	4.3 STREET ADDRESS:	4.4 CITY-ST-ZIP:
TITLE:	NAME:	5.1 TITLE:	5.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE:	6.2 NAME:
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS:	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)(X), 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: SIGNATURE REQUIRED DATE: 2-18-99 (305) 248-9100

CR2ED37 (1/198)

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