

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 30 AM 9:12

DOCUMENT # N03777

(2)

1. Corporation Name

KIWANIS CLUB OF DAVIE, INC.

Principal Place of Business

Mailing Address

6191 SW 45TH ST
STE 6151A
DAVIE FL 33314
US

6191 SW 45TH ST
6151A
DAVIE FL 33314
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1984

3a. Date of Last Report

03/14/1994

4. FEI Number

59-6168816

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KIAR, MONROE D
6191 SW 45TH ST
STE 6151A
DAVIE FL 33314

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 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

Monroe D. Kiar

1/19/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

VDPE

NAME

KIAR, MONROE D

STREET ADDRESS

6191 SW 45TH ST, #6151A

CITY-ST-ZIP

DAVIE FL

1.1 TITLE

PD

1.2 NAME

Kiar, Monroe D.

1.3 STREET ADDRESS

6191 SW 45th St., #6151A

1.4 CITY-ST-ZIP

Davie, Florida 33314

☒ Change ☐ Addition

TITLE

PD

NAME

MOORE, CHARLES

STREET ADDRESS

7291 SW 55th St

CITY-ST-ZIP

DAVIE FL

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

SD

NAME

OLDHAM, ROBERT

STREET ADDRESS

3100 SW 133RD TERR

CITY-ST-ZIP

DAVIE FL

3.1 TITLE

SD

3.2 NAME

Oldham, Robert

3.3 STREET ADDRESS

3100 SW 133rd Terrace

3.4 CITY-ST-ZIP

Davie, Florida 33330

☐ Change ☐ Addition

TITLE

TD

NAME

SCHNEIDER, FRANK

STREET ADDRESS

9315 OLD ORCHARD RD

CITY-ST-ZIP

DAVIE FL

4.1 TITLE

VDPE

4.2 NAME

Schneider, Frank

4.3 STREET ADDRESS

9315 Old Orchard Road

4.4 CITY-ST-ZIP

Davie, Florida 33328

☒ Change ☐ Addition

TITLE

PD

NAME

SANTANA, RON

STREET ADDRESS

1770 NW 10th Ave, Suite 200

CITY-ST-ZIP

PLANTATION FL

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE

TD

NAME

Jerry Rennert

STREET ADDRESS

9283 SW 1st Street

CITY-ST-ZIP

Plantation, Florida 33324-2447

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ 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 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental or renewal 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, unchanged, or on an addition with no address.

SIGNATURE

Monroe D. Kiar 1/19/95 (305) 584-9770

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

Date

(Anytime 1 Year)