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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N48705

1. Corporation Name

KIWANIS CLUB OF MIAMI, FLORIDA, INC.

Principal Place of Business

ROD & REEL CLUB
 208 S. HIBISCUS ISLAND
 MIAMI FL 33139
 US

Mailing Address

P.O. BOX 330823
 MIAMI FL 33233



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

30

Country

3. Date Incorporated or Qualified

05/04/1992

4. FEI Number

59-0320115

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

9. Name and Address of Current Registered Agent

MARCH, DONALD F
 7515 SW 31ST STREET
 MIAMI FL 33155

10. Name and Address of New Registered Agent

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

TITLE **P** DELETE

NAME **FEINBERG, DYANNE E**
 STREET ADDRESS **620 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL 33134-3705**

TITLE **VD** DELETE

NAME **TETZELI, JOHN P**
 STREET ADDRESS **6981 S.W. 59TH STREET**
 CITY-ST-ZIP **MIAMI FL 33143-1829**

TITLE **D** DELETE

NAME **LEATHERS, ROBERT A**
 STREET ADDRESS **2501 SW 9TH AVENUE**
 CITY-ST-ZIP **MIAMI FL 33129-2222**

TITLE **D** DELETE

NAME **MAZZARELLA, JOHN R JR.**
 STREET ADDRESS **1900 BISCAYNE BLVD**
 CITY-ST-ZIP **MIAMI FL 33137-4532**

TITLE **T** DELETE

NAME **SMITH, GLEN E**
 STREET ADDRESS **9200 SOUTH DADELAND BOULEVARD, #110**
 CITY-ST-ZIP **MIAMI FL 33156-2703**

TITLE **D** DELETE

NAME **PERRY, JAMES F**
 STREET ADDRESS **7300 N. KENDALL DR. #519**
 CITY-ST-ZIP **MIAMI FL 33156**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** Change Addition

1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE **P** Change Addition

2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **T** Change Addition

3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **V** Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 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)(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:

SIGNATURE REQUIRED

1/20/99 305670-9057

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/198)