

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48705

FILED
Apr 19, 2005
Secretary of State

Entity Name: KIWANIS CLUB OF MIAMI, FLORIDA, INC.

Current Principal Place of Business:

L0733 SW 129 PLACE
MIAMI, FL 33186 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 330823
MIAMI, FL 33233

New Mailing Address:

FEI Number: 59-0320115 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MAZZARELLA, JOHN
10733 SW 128 PL
MIAMI, FL 33180 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CAMERON, BILLY
Address: 7305 SW 92 AVE
City-St-Zip: MIAMI, FL 33156

Title: S () Delete
Name: CADMAN, GEORGE E
Address: 9233 SW 212 TERR
City-St-Zip: MIAMI, FL 33156

Title: D () Delete
Name: BUKSCH, BOB
Address: 8241 SW 107TH ST.
City-St-Zip: MIAMI, FL 33157

Title: T () Delete
Name: MAZZARELLA, JOHN R JR.
Address: 1900 BISCAYNE BLVD
City-St-Zip: MIAMI, FL 331374532

Title: T () Delete
Name: JENNINGS, BARBARA
Address: 702 NW 87TH AVE.
City-St-Zip: MIAMI, FL 33172

Title: V () Delete
Name: DACKS, VALERIE
Address: 6916 SW 43 ST.
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HUGUES, ROBERT
Address: 13550 SW 105TH AVE
City-St-Zip: MIAMI, FL 33176

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN MAZZARELLA

T

04/19/2005

Electronic Signature of Signing Officer or Director

Date