

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001037 (0)

1. Corporation Name
MIAMI KIWANIS YOUTH FOUNDATION, INC.



Principal Place of Business
**1737 N. BAYSHORE DR.
MIAMI FL 33132
US**

Mailing Address
**P.O. BOX 330823
MIAMI FL 33233**

3. Date Incorporated or Qualified **03/01/1994** 3a. Date of Last Report **04/12/1995**

2. Principal Place of Business
21 [] 2a. Mailing Address
26 []
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 [] 27 []
City & State City & State
23 [] 28 []
Zip Country Zip Country
24 [] 25 [] 29 [] 30 []

4. FEI Number
~~59-0320115~~ **59-0992992** 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE PD	FORBES, WILBUR D <input checked="" type="checkbox"/> DELETE	1.1 TITLE S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FORBES, WILBUR D	1.2 NAME
STREET ADDRESS	9750 SW 125 AVE.	1.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAZZARELLA, JOHN R	2.2 NAME
STREET ADDRESS	10733 SW 129 PL	2.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FEINBERG, DYANNE E	3.2 NAME
STREET ADDRESS	631 SAN LORENZO	3.3 STREET ADDRESS
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEATHERS, ROBERT A	4.2 NAME
STREET ADDRESS	2501 SW 9 AVE	4.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, GLEN E	5.2 NAME
STREET ADDRESS	8340 SW 141 ST.	5.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP
TITLE	PD <input type="checkbox"/> DELETE	6.1 TITLE P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHEFF, HAROLD J	6.2 NAME
STREET ADDRESS	6161 BLUE LAGOON DR #300	6.3 STREET ADDRESS
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP

1.1 TITLE	S <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	MARTINEZ, ANNE E.
1.3 STREET ADDRESS	1900 BISCAYNE BLVD
1.4 CITY-ST-ZIP	MIAMI FL 33137-4532
2.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	1900 BISCAYNE BLVD
2.4 CITY-ST-ZIP	MIAMI FL 33137-4532
3.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SCHEFF, HAROLD J.
6.3 STREET ADDRESS	4700 N. STATE ROAD 7. STE 119
6.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33319

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 on 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: *[Signature]* **Treasurer** 2/15/96 305-670-9057
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)