

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 20 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N94000001037 (0)**  
 1. Corporation Name  
**MIAMI KIWANIS YOUTH FOUNDATION, INC.**



Principal Place of Business <b>ROD &amp; REEL CLUB 208 S. HIBISCUS ISLAND MIAMI FL 33139 US</b>	Mailing Address <b>P.O. BOX 330823 MIAMI FL 33233</b>
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3. Date Incorporated or Qualified <b>03/01/1994</b>	
4. FEI Number <b>59-0992992</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent  
**MARCH, DONALD F  
 7515 SW 31 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  
 85 Zip Code **FL**

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	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>TETZELI, JOHN P</b>
STREET ADDRESS	<b>6981 S.W. 59TH STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33143-1829</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MAZZARELLA, JOHN R</b>
STREET ADDRESS	<b>1900 BISCAYNE BLVD</b>
CITY-ST-ZIP	<b>MIAMI FL 33137-4532</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FEINBERG, DYANNE E</b>
STREET ADDRESS	<b>620 ALHAMBRA CIRCLE</b>
CITY-ST-ZIP	<b>CORAL GABLES FL 33134-3705</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEATHERS, ROBERT A</b>
STREET ADDRESS	<b>2501 SW 9 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL 33129-2222</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>SMITH, GLEN E</b>
STREET ADDRESS	<b>8340 SW 141 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33156-2703</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PERRY, JAMES F</b>
STREET ADDRESS	<b>7300 N. KENDALL DR. #519</b>
CITY-ST-ZIP	<b>MIAMI FL 33156</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 in an attachment with an address.

SIGNATURE: *[Signature]* **SMITH, GLEN E** 3/12/98 305170 0077

CR25037 (10/97)