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

NONPROFIT CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## N96000004924 (4) DOCUMENT #

KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, I

Princing	l Place of	Business
1 thirtoipe	i ido o	COSITIOSS

Mailing Address

## **FILED** Apr 23 1997 8:00am Secretary of State



CORAL GABLES		CORAL GABLES FL 3314	6-1307							
						3. Date Incorporated or Qualified 09/20/1996	ite of Las	of Last Report		
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		X	Applied Fo	or
21		26							Not Applic	able
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired			<b>5</b> Additions Required	ai
City & State	)	City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip	Country	Zip	Cou	intry	,	8. This corporation has liability for i	ntangible	tax unde	er s. 199.03	32,
24	25	29	30				Yes 🛭			
· · · · · · · · · · · · · · · · · · ·	9. Name and Address of Curren	t Registered Agent			r	10. Name and Address of New Re	gistered	Agent		
				81	Name					
ROSINE	(, JEFFREY			82	Street /	Address (P.O. Box Number is Not Acceptab	le)			
535 BIRD				-						
CORAL	GABLES FL 33134			83						
				84	City	· · · · · · · · · · · · · · · · · · ·		85 2	Zip Code	
43 5	- th	0 1 047 4500 51-11- 01-1	. i	Ш			FL			
office or re	o the provisions of Sections 617.050. egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was ations of, Section 617.0503, F	ules, trie ar s authorize Florida Stat	d by lutes	y the corp 8.	corporation submits this statement for the poration's board of directors. I hereby acception	orpose or of the app	ointment	as register	.eq
SIGNATURE _	Signature, typed or printed name of registered age	nt and title if applicable (NC	OTF: Rogieterer	d Ago	not eigneture	required when reinstating)	DATE			— I
12.	OFFICERS AND		13.		na organization	ADDITIONS/CHANGES TO OFFIC		DIRECT	TORS IN 12	<u>,                                    </u>
TITLE	D	DELETE	1.1 TC	TLE				☐ Chan		
NAME	SILVERMAN, SAUL H		1.2 N	AME						ľ
STREET ADDRESS	8430 SW 170 TERRACE		1.3 \$1	REET	ADDRESS					l.
CITY-ST-ZIP	MIAMI FL 33157		1.4 CI	TY-S	T-ZIP					
TITLE	D	☐ DELETE	2.1 11				<del></del>	☐ Chan	ge 🔲 Add	idition
NAME	Brawn, Arthur		2.2 N/	AME						ļ
STREET ADDRESS	5061 SW 95 COURT		2.3 \$1	IREE1	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33165		2.4 C	ITY - S	ST-ZIP					1
TITLE	D	☐ DELETÉ	3.1 70	TLE				Chan	ge 🔲 Ade	idition
NAME	GREEN, EDWIN M JR		3.2 N/	AME						
STREET ADDRESS	775 NW 21 STREET		3.3 \$1	TREE T	ADDRESS					
CITY-ST-ZIP	MIAMI FL 33127		3.4. C	ITY-S	ST-ZIP					
TITLE		☐ DELETE	4.1 TI	TLE	1	STEVE MILLAN		Chan	ige 🔀 Ado	idition
NAME			4. 2 N	AME		PRESIDENT				
STREET ADDRESS			4.3 S1	REET	ADDRESS	9511 SW 81 STREET				1
CITY-ST-ZIP					T-ZIP	MIAM! FL 33173		<del></del>		
TITLE		☐ DELETE	5.1 TI					L Chan	ge 🔲 Add	idition
NAME			5.2 N							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP		DELETE			II - ZIP			T Obe-	<u> 171</u> 2	iditio
TITLE		ריי הברבוב	6.1 Ti					Chan	ige 🔲 Add	חטוונט
NAME			6.2 N/							
STREET ADDRESS					ADDRESS					
CITY-SY-ZIP	us and if shall the information and the	dtab. at the array of the array of	6.4 CI	TY-S	IT-ZIP	1007/07/15			1 . 1 . 0	

on preby 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 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.