


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 17, 2006 8:00 am**  
**Secretary of State**

07-17-2006 90141 019 \*\*\*\*61.25

**DOCUMENT # N96000004924**

1. Entity Name  
 KIWANIS CLUB OF BISCAYNE BAY YOUTH FOUNDATION, INC.



Principal Place of Business  
 535 BIRD ROAD  
 CORAL GABLES, FL 33134

Mailing Address  
 535 BIRD ROAD  
 CORAL GABLES, FL 33134

2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

City & State

Zip Country

40000000



05162006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

ROSINEK, JEFFREY  
 535 BIRD ROAD  
 CORAL GABLES, FL 33134

7. Name and Address of New Registered Agent

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City  
 FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by September 6, 2006**

9. Election Campaign Financing  
 Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	DT	<input type="checkbox"/> Delete
NAME	SILVERMAN, SAUL H	
STREET ADDRESS	8430 SW 170 TERRACE	
CITY-ST-ZIP	MIAMI, FL 33157	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRAWN, ARTHUR	
STREET ADDRESS	5061 SW 95 COURT	
CITY-ST-ZIP	MIAMI, FL 33165	
TITLE	D	<input type="checkbox"/> Delete
NAME	GREEN, EDWIN M JR	
STREET ADDRESS	775 NW 21 STREET	
CITY-ST-ZIP	MIAMI, FL 33127	
TITLE	P	<input type="checkbox"/> Delete
NAME	FREEDMAN, RICL	
STREET ADDRESS	1200 BRICKELL AVENUE	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FREEDMAN, RICK	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Saul H Silverman* *Truman* 7/12/06 305 442 2200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #