

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004924

FILED
Apr 17, 2009
Secretary of State

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

Current Principal Place of Business:

535 BIRD ROAD
CORAL GABLES, FL 33146

New Principal Place of Business:

Current Mailing Address:

535 BIRD ROAD
CORAL GABLES, FL 33146

New Mailing Address:

FEI Number: 65-0748368

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROSINEK, JEFFREY
535 BIRD ROAD
CORAL GABLES, FL 33134 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: DT () Delete
Name: SILVERMAN, SAUL H
Address: 8430 SW 170 TERRACE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: FREEDMAN, RICHARD
Address: 3350 SW 148 AVE SUITE 110
City-St-Zip: MIRAMAR, FL 33027

Title: P () Delete
Name: ELIAS, JAMES
Address: 7805 SW 88 CT
City-St-Zip: MIAMI, FL 33173

Title: P () Delete
Name: VON LINDENBERG, CHRISTINA
Address: 18679 NW 77 PL
City-St-Zip: MIAMI LAKES, FL 33015

Title: S () Delete
Name: ROSINEK, JEFFREY
Address: 535 BIRD RD
City-St-Zip: CORAL GABLES, FL 33146

Title: D () Delete
Name: REICH, BRUCE
Address: 5266 LA GEORGE DR
City-St-Zip: MIAMI BEACH, FL 33140

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: D (X) Change () Addition
Name: BRAWN, ARTHUR
Address: 5061 SW 95 COURT
City-St-Zip: MIAMI, FL 33173

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

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: SAUL H SILVERMAN

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04/17/2009

Electronic Signature of Signing Officer or Director

Date