

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N47397** (7)
1. Corporation Name

THE KIWANIS CLUB OF CORAL GABLES, INC.



Principal Place of Business
**997 N GREENWAY DR
CORAL GABLES FL 33134**

Mailing Address
**997 N GREENWAY DR
CORAL GABLES FL 33134**

3. Date Incorporated or Qualified
02/14/1992

3a. Date of Last Report
08/09/1995

4. FEI Number
59-6158824

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

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

9. Name and Address of Current Registered Agent

**KALLERGIS, NICHOLAS E
1531 MILLER ROAD
CORAL GABLES FL 33146**

10. Name and Address of New Registered Agent

81 Name
BOURNE, WILLIAM

82 Street Address (P.O. Box Number is Not Acceptable)
510 VITTORIO

83

84 City
CORAL GABLES

85 Zip Code
FL 33146

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 *William Bourne*
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

06/15/96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> DELETE
VD	MILLER, GARY	6479 SW 50 STREET	MIAMI FL	<input checked="" type="checkbox"/>
PD	KALLEGIS, NICHOLAS E	1531 MILLER ROAD	CORAL GABLES FL	<input checked="" type="checkbox"/>
SD	KINNEY, DAVID L	13112 SW 93RD PLACE	MIAMI FL 33176	<input checked="" type="checkbox"/>
TD	WEBER, WILLIAM R	1210 W FAIRWAY ROAD	PEMBROKE PINES FL 33026	<input checked="" type="checkbox"/>
				<input type="checkbox"/> DELETE
				<input type="checkbox"/> DELETE

13.

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD	MILLER, GARY	6479 SW 50th Street	Miami, Florida 33155	<input type="checkbox"/>
VD	DUCKWORTH, DELBERT	12700 SW 80th Avenue	Miami, Florida 33156	<input type="checkbox"/>
SD	BOURNE, WILLIAM	510 Vittorio	Coral Gables, Florida 33146	<input checked="" type="checkbox"/>
TD	KROHNGOLD, ROBERT	2801 Ponce de Leon Blvd (537)	Coral Gables, Florida 33134	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

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 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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT J. KROHNGOLD, TREASURER

Date

Daytime Phone #

305-446-5993

0007905

CR2E037 (3/96)