

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N48705

**Entity Name:** KIWANIS CLUB OF MIAMI, FLORIDA, INC.

**Current Principal Place of Business:**

12020 SW 122ND TERRACE  
MIAMI, FL 33186

**Current Mailing Address:**

P.O. BOX 330823  
MIAMI, FL 33233

**FEI Number:** 59-0320115

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LITTLE, CHARLES W  
12020 SW 122ND TERRACE  
MIAMI, FL 33186 US

*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:** CHARLES LITTLE

02/13/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            ROSS, BRUCE  
Address        13912 SW 68TH ST  
City-State-Zip: MIAMI FL 33183

Title            DIRECTOR  
Name            BUKSCH, BOB  
Address        8241 SW 107TH ST.  
City-State-Zip: MIAMI FL 33157

Title            DIRECTOR  
Name            MAZZARELLA, JOHN R JR  
Address        10733 SW 129TH PL  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            LUCAS, GEORGE M  
Address        13020 SW 82ND TER  
City-State-Zip: MIAMI FL 33183

Title            DIRECTOR  
Name            DACKS, VALERIE  
Address        6916 SW 127TH CT  
City-State-Zip: MIAMI FL 33183

Title            TREASURER  
Name            CHARLES, LITTLE  
Address        12020 SW 122ND TER  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            LITTLE, NANCY  
Address        12020 SW 122ND TER  
City-State-Zip: MIAMI FL 33186

Title            DIRECTOR  
Name            JOHNSON, CAROLE J  
Address        16242 SW 92ND AVE # 2  
City-State-Zip: PALMETTO BAY FL 33157

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** CHARLES LITTLE

**TREASURER**

02/13/2023

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name TETZELI, JOHN P  
Address 6981 SW 59TH ST  
City-State-Zip: MIAMI FL 33143

Title VP  
Name CARPENTER, ERIC  
Address 485 NE 50TH TERRACE  
City-State-Zip: MIAMI FL 33137

Title DIRECTOR  
Name CADMAN, GEORGE E IV  
Address 9233 SW 212TH TER  
City-State-Zip: CUTLER BAY FL 33189

Title SECRETARY  
Name MORRELL, DIANA  
Address 15769 SW 149TH TERRACE  
City-State-Zip: MIAMI FL 33196