

**2015 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N48705

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

**Current Principal Place of Business:**

10733 SW 129 PLACE  
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:**

MAZZARELLA, JOHN  
10733 SW 128 PL  
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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

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

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

Title T  
Name MAZZARELLA, JOHN RJR.  
Address 10733 SW 129 PLACE  
City-State-Zip: MIAMI FL 33186

Title S  
Name LUCAS, GEORGE M  
Address 13020 SW 82 TERRACE  
City-State-Zip: MIAMI FL 33183

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

Title VP  
Name CHARLES, LITTLE  
Address 12020 SW 122 TERRACE  
City-State-Zip: MIAMI FL 33186

Title PRESIDENT  
Name LITTLE, NANCY  
Address 12020 SW 122 TERRAE  
City-State-Zip: MIAMI FL 33186

*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:** JOHN MAZZARELLA

**TREASURER**

**03/26/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date