

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004924

FILED
Mar 21, 2016
Secretary of State
CC0767749940

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

Current Principal Place of Business:

535 BIRD ROAD
CORAL GABLES, FL 33146

Current Mailing Address:

535 BIRD ROAD
CORAL GABLES, FL 33146

FEI Number: 65-0748368

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSINEK, JEFFREY
535 BIRD ROAD
CORAL GABLES, FL 33134 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 TREASURER
Name SILVERMAN, SAUL H
Address 8430 SW 170 TERRACE
City-State-Zip: MIAMI FL 33157

Title DIRECTOR
Name REICH, WILLIAM
Address 138 NE 108 STREET
City-State-Zip: MIAMI SHORES FL 33161

Title SECRETARY
Name GAYOSO, KELLIE
Address 4536 E 9 CT
City-State-Zip: HIALEAH FL 33013

Title DIRECTOR
Name MAYALY, ALVAREZ
Address 13617 SW 118 PATH
City-State-Zip: MIAMI FL 33186

Title VP
Name CALZON, CARMEN
Address 2123 SW 59 AVENUE
City-State-Zip: MIAMI FL 33155

Title DIRECTOR
Name ARNOLD, ROBERT
Address 1200 BRICKELL AVENUE SUITE 1450
City-State-Zip: MIAMI FL 33131

Title PRESIDENT
Name GAVIRIA, CARLOS
Address 1101 BRICKELL AVE 16TH FL NORTH
 TOWER
City-State-Zip: MIAMI FL 33131

Title PRESIDENT ELECT
Name HERNANDEZ, NELLIE
Address 7350 SW 89 CT
 9025
City-State-Zip: MIAMI FL 33156

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: SAUL H SILVERMAN

TREASURER

03/21/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name BURGOA, SILVIA
Address 2501 BRICKELL AVENUE
1203
City-State-Zip: MIAMI FL 33129

Title DIRECTOR
Name FUENTES, CARLOS
Address 1 NE 2 AVENUE
200
City-State-Zip: MIAMI FL 33132

Title DIRECTOR
Name MATUSOW, LEWIS
Address 13002 SW 112 PLACE
City-State-Zip: MIAMI FL 33176