2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an andress, with all other like empowered.

SIGNATURE: 1404

SAUL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 23, 2004 8:00 am Secretary of State **DOCUMENT #701861** 04-23-2004 90242 046 ****61.25 1. Entity Name KIWANIS CLUB OF BISCAYNE BAY, INC. Principal Place of Business Mailing Address **14001009** 535 BIRD ROAD 535 BIRD ROAD CORAL GABLES, FL 33146 CORAL GABLES, FL 33146-1307 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03012004 Cha-NP CR2E037 (10/03) City & State City & State 4. FEI Number Applied For 59-0709941 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ROSINEK, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 535 BIRD ROAD CORAL GABLES, FL 33146 City Zip Code 8. 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. I am familiar with, and accept the obligations of registered agent. 49-9-SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) Ť. Filing Fee is \$61,25 9. Election Campaign Financing \$5.00 May Be Make check payable to Due by May 1, 2004 Trust Fund Contribution, | | Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITI F □ Delete TITLE ☐ Addition GREEN, JR. E NAME NAME STREET ADDRESS 775 N.W. 21ST STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33127 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition JEFFREY ROSINEK NAME NAME STREET ADDRESS 535 BIRD ROAD STREET ADDRESS CiTY-ST-7IP CORAL GABLES, FL 33146 CITY-ST-7IP J - - -----TITLE = - Delete TITLE - - -– 🖸 Change – 🔃 Addition-NAME SILVERMAN, SAUL H. NAME STREET ADDRESS 8430 S.W. 170TH TERR. STREET ADDRESS MIAMI, FL 33157 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition BRAWN, ARTHUR H. NAME NAME STREET ADDRESS 5061 SW 95 COURT STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition BRUCE REICH NAME NAME STREET ADDRESS 1111 LINCOLN RD PH 802 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 331391 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME NAME 9.13.1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if

SILVERMAN TREA.

FILED

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