2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 26, 2005
Secretary of State

DOCUMENT# 712328

Entity Name: KIWANIS CLUB OF NORTH MIAMI BEACH, FLORIDA, INC.

Current Principal Place of Business:

P.O. BOX 640622
NORTH MIAMI BEACH, FL 331640622 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 640622
NORTH MIAMI BEACH, FL 331640622 US

New Mailing Address:

FEI Number: 59-6176203 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

WARNER, KAREN
4762 GRAPEVINE WAY
DAVIE, FL 33331 US

Name and Address of New Registered Agent:

FISHER, MILTON
21230 NE 19 AVENUE
MIAMI, FL 33179 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: MILTON FISHER 07/26/2005
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	STURTZ, ALFRED	
Address:	16901 NE 19 AVENUE	
City-St-Zip:	NORTH MIAMI BEACH, FL 33162 US	
Title:	VD	( ) Delete
Name:	ALEXANDRA, PRICE	
Address:	16731 REDWOOD WAY	
City-St-Zip:	WESTON, FL 33326 US	
Title:	SD	( ) Delete
Name:	BERSON, JEFFREY	
Address:	19355 TURNBERRY WAY #23F	
City-St-Zip:	AVENTURA, FL 331802543 US	
Title:	TD	(X) Delete
Name:	WARNER, KAREN	
Address:	4762 GRAPEVINE WAY	
City-St-Zip:	DAVIE, FL 33331 US	
Title:	D	( ) Delete
Name:	BERGMAN, FREDERICK	
Address:	13508 NE 23 PL.	
City-St-Zip:	NORTH MIAMI, FL 33181 US	
Title:	D	( ) Delete
Name:	LEVY, RONALD	
Address:	1550 NE MIAMI GARDENS DR.	
City-St-Zip:	MIAMI, FL 33179 US	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: ALFREDO RIVEROL MR 07/26/2005
Electronic Signature of Signing Officer or Director — Date