2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT#712328

Oct 31, 2006 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 640622

NORTH MIAMI BEACH, FL 331640622 US

Current Mailing Address: New Mailing Address:

P.O. BOX 640622

NORTH MIAMI BEACH, FL 331640622 US

FEI Number: 59-6176203 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

FISHER, MILTON 21230 NE 19 AVENUE MIAMI, FL 33179

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete STURTZ, ALFRED Name:

WARREN, PAUL Name: 16901 NE 19 AVENUE Address: 20355 NE 34TH DELVISTA, # 729 Address:

City-St-Zip: NORTH MIAMI BEACH, FL 33162 US City-St-Zip: AVENTURA, FL 33180 US

Title: VD () Delete Title: (X) Change () Addition

ALEXANDRA, PRICE ADDICOTT, SARI Name: Name:

Address: 16731 REDWOOD WAY Address: 155 GOLDEN BEACH DRIVE City-St-Zip: WESTON, FL 33326 US City-St-Zip: MIAMI, FL 33160 US

Title: () Delete Title: (X) Change () Addition

BERSON, JEFFREY BERSON, JEFFREY Name: Name: 19355 TURNBERRY WAY #23F Address: 19355 TURNBERRY WAY #23F Address: City-St-Zip: AVENTURA, FL 331802543 US City-St-Zip: AVENTURA, FL 331802543 US

() Change () Addition

Title: () Delete Title: Name: BERGMAN, FREDERICK Name: Address: 13508 NE 23 PL. Address:

City-St-Zip: NORTH MIAMI, FL 33181 US City-St-Zip:

Title: () Delete Title: (X) Change () Addition

LEVY, RONALD STURTZ, ALFRED Name: Name: 1550 NE MIAMI GARDENS DR. 16901 NE 19TH AVENUE Address: Address:

NORTH MIAMI BEACH, FL 33162 US City-St-Zip: MIAMI, FL 33179 US City-St-Zip:

Title: () Delete Title: () Change (X) Addition

FISHER, MILTON Name: Name: Address: Address: 21230 NE 19 AVENUE MIAMI, FL 33179 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: PAUL WARREN Ρ 10/31/2006