

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712328

FILED  
Sep 02, 2009  
Secretary of State

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

**Current Principal Place of Business:**

21230 NE 19 AVE  
MIAMI, FL 33179 US

**New Principal Place of Business:**

**Current Mailing Address:**

21230 NE 19 AVE  
MIAMI, FL 33179 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:**

FISHER, MILTON  
21230 NE 19 AVENUE  
MIAMI, FL 33179 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WARREN, PAUL  
Address: 20355 NE 34TH DELVISTA, # 729  
City-St-Zip: AVENTURA, FL 33180 US

Title: D ( ) Delete  
Name: ADDICOTT, SARI  
Address: 155 GOLDEN BEACH DRIVE  
City-St-Zip: MIAMI, FL 33160 US

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

Title: D ( ) Delete  
Name: BERGMAN, FREDERICK  
Address: 13508 NE 23 PL.  
City-St-Zip: NORTH MIAMI, FL 33181 US

Title: D ( ) Delete  
Name: STURTZ, ALFRED  
Address: 16901 NE 19TH AVENUE  
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D ( ) Delete  
Name: FISHER, MILTON  
Address: 21230 NE 19 AVENUE  
City-St-Zip: MIAMI, FL 33179

**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 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: MILTON FISHER

MBR

09/02/2009

Electronic Signature of Signing Officer or Director

Date