

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 724969

FILED
Jan 18, 2007
Secretary of State

Entity Name: MIAMI BEACH KIWANIS COMMUNITY BENEFIT FUND, INC.

Current Principal Place of Business:

3 ISLAND AVENUE
15H
MIAMI BEACH, FL 33139

New Principal Place of Business:

Current Mailing Address:

3 ISLAND AVENUE
15H
MIAMI BEACH, FL 33139 US

New Mailing Address:

FEI Number: 59-1025920 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HALL, ALLAN J
3 ISLAND AVENUE
15H
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

FULLER, LARRY J ESQ.
12000 BISCAYNE BLVD.
609
NORTH MIAMI BEACH, FL 33181 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: LARRY FULLER

01/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PP () Delete
Name: SILVERMAN, PATRICIA
Address: 1125 71ST
City-St-Zip: MIAMI BEACH, FL 33141 US

Title: P () Delete
Name: HALL, ALLAN J
Address: 3 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: TRES () Delete
Name: THOMAS, ROBERT
Address: 18245 S.W. 26TH COURT
City-St-Zip: MIRAMAR, FL 33029

Title: VPD () Delete
Name: GOLD, LORI
Address: 3 ISLAND AVE
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: FULLER, LARRY
Address: 1111 LINCOLN RD. MALL STE 802
City-St-Zip: MIAMI BEACH, FL 33139

Title: EVPD (X) Delete
Name: CRUZ, MARIA A
Address: 1447 MILLER ROAD
City-St-Zip: MIAMI, FL 33146

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: HALL, ALLAN J
Address: 3 ISLAND AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: VP/D (X) Change () Addition
Name: CRUZ, MARIA
Address: 1447 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146

Title: T/D (X) Change () Addition
Name: THOMAS, ROBERT
Address: 18245 S.W. 26TH COURT
City-St-Zip: MIRAMAR, FL 33029

Title: S/D (X) Change () Addition
Name: SILVERMAN, PATRICIA
Address: 5005 COLLINS AVENUE, # 1512
City-St-Zip: MIAMI BEACH, FL 33140

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 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: PATRICIA SILVERMAN

S/D

01/18/2007

Electronic Signature of Signing Officer or Director

Date