2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 20, 2009
Secretary of State

DOCUMENT# 724969

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

Current Principal Place of Business:

1250 NE 87 STREET
MIAMI, FL 33138

New Principal Place of Business:

1447 MILLER ROAD
CORAL GABLES, FL 33146

Current Mailing Address:

1250 NE 87 STREET
MIAMI, FL 33138

New Mailing Address:

1447 MILLER ROAD
CORAL GABLES, FL 33146

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

Name and Address of Current Registered Agent:

ZALDIVAR, GWENDOLYN I
1250 NE 87 STREET
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

CRUZ, MARIA C
1447 MILLER ROAD
CORAL GABLES, FL 33146 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: MARIA C. CRUZ 02/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: CRUZ, MARIA C
Address: 1447 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146 US

Title: VP/D ( ) Delete
Name: GOLD, LORI
Address: 3 ISLAND ROAD, 15H
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: S/D (X) Delete
Name: ZALDIVAR, GWENDOLYN I
Address: 1250 NE 87 STREET
City-St-Zip: MIAMI, FL 33138

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: S/D (X) Change ( ) Addition
Name: ZALDIVAR, GWENDOLYN
Address: 1200 NE 94 STREET
City-St-Zip: MIAMI SHORES, FL 33138

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: MARIA C. CRUZ P 02/20/2009
Electronic Signature of Signing Officer or Director Date