

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Oct 02, 2009
Secretary of State

DOCUMENT# 724969

Entity Name: MIAMI BEACH KIWANIS COMMUNITY BENEFIT FUND, INC.**Current Principal Place of Business:**1447 MILLER ROAD
CORAL GABLES, FL 33146**New Principal Place of Business:****Current Mailing Address:**1447 MILLER ROAD
CORAL GABLES, FL 33146**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:**CRUZ, MARIA C
1447 MILLER ROAD
CORAL GABLES, FL 33146 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/D () Delete
Name: CRUZ, MARIA C
Address: 1447 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146 US**Title:** S/D () Delete
Name: ZALDIVAR, GWENDOLYN
Address: 1200 NE 94 STREET
City-St-Zip: MIAMI SHORES, FL 33138**Title:** T/D () Delete
Name: JENKINS, ROBERT
Address: 9472 SW 52 PLACE
City-St-Zip: COOPER CITY, FL 33328**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P/D (X) Change () Addition
Name: KAUDERER, MALLORY
Address: 3701 CHASE AVENUE
City-St-Zip: MIAMI BEACH, FL 33139 US**Title:** S/D (X) Change () Addition
Name: CRUZ, MARIA C
Address: 1447 MILLER ROAD
City-St-Zip: CORAL GABLES, FL 33146**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

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10/02/2009

Electronic Signature of Signing Officer or Director_____
Date