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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733997 (1)

1. Corporation Name

KIWANIS CLUB OF PERRINE CUTLER RIDGE, INC.

Principal Place of Business

% YERBY BARKER, SECRETARY
10585 SW 109 COURT #202
MIAMI FL 33176

Mailing Address

% YERBY BARKER, SECRETARY
10585 SW 109 COURT #202
MIAMI FL 33176



3. Date Incorporated or Qualified
10/06/1975

3a. Date of Last Report
02/06/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, GEORGE M.
5600 SW 135 AVENUE #212
MIAMI FL 33183

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME BARKER, YERBY
STREET ADDRESS 10585 SW 109 COURT #202
CITY-ST-ZIP MIAMI FL 33176

TITLE VD
NAME DOUCETTE, LEE
STREET ADDRESS 7420 S.W. 117TH STREET
CITY-ST-ZIP MIAMI FL 33156

TITLE VD
NAME SMITH, RONALD A.
STREET ADDRESS 16981 SW 277 STREET
CITY-ST-ZIP HOMESTEAD FL 33031

TITLE PD
NAME LUCAS, GEORGE M.
STREET ADDRESS 5600 S.W. 135TH AVENUE #212
CITY-ST-ZIP MIAMI FL 33183

TITLE TD
NAME GRIBBON, PATRICK
STREET ADDRESS 7700 NORTH KENDALL DR., #505
CITY-ST-ZIP MIAMI FL 33156

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jan 24 1996

Date

305-279-6622

Daytime Phone #

CR2E037 (12/95)