

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 27 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # 733997 (1)**

1. Corporation Name

**KIWANIS CLUB OF PERRINE CUTLER RIDGE, INC.**

Principal Place of Business

Mailing Address

% YERBY BARKER, SECRETARY  
10585 SW 109 COURT #202  
MIAMI FL 33176% YERBY BARKER, SECRETARY  
10585 SW 109 COURT #202  
MIAMI FL 33176-3392

3. Date Incorporated or Qualified

10/06/1975

3a. Date of Last Report

02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LUCAS, GEORGE M.  
5800 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 ☐ DELETE  
NAME BARKER, YERBY  
STREET ADDRESS 10585 SW 109 COURT #202  
CITY-ST-ZIP MIAMI FL 331761.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME DOUCETTE, LEE  
STREET ADDRESS 7420 S.W. 117TH STREET  
CITY-ST-ZIP MIAMI FL 331562.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE VD ☐ DELETE  
NAME SMITH, RONALD A.  
STREET ADDRESS 16981 SW 277 STREET  
CITY-ST-ZIP HOMESTEAD FL 330313.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE PD ☐ DELETE  
NAME LUCAS, GEORGE M.  
STREET ADDRESS 5800 S.W. 135TH AVENUE #212  
CITY-ST-ZIP MIAMI FL 331834.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE TD ☐ DELETE  
NAME GRIBBON, PATRICK  
STREET ADDRESS 7700 NORTH KENDALL DR., #505  
CITY-ST-ZIP MIAMI FL 331565.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Patrick Gribbon Patrick Gribbon

1/10/97

Date

305-279-6622

Daytime Phone # 0033060

CR2E037 (9/96)