

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 741067

FILED
Jun 14, 2008
Secretary of State

Entity Name: KIWANIS CLUB OF MIAMI BEACH, FLORIDA

Current Principal Place of Business:

3 ISLAND AVENUE
15H
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

1447 MILLER ROAD
CORAL GABLES, FL 33146 US

Current Mailing Address:

3 ISLAND AVENUE
15H
MIAMI BEACH, FL 33139 US

New Mailing Address:

1447 MILLER ROAD
CORAL GABLES, FL 33146 US

FEI Number: 59-6143349 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

FULLER, LARRY J ESQ.
12000 BISCAYNE BLVD
609
NORTH MIAMI BEACH, FL 33181 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: HALL, ALLAN J
Address: 3 ISLAND AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP/D (X) Change () Addition
Name: GOLD, LORI
Address: 3 ISLAND AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

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

Title: S/D (X) Change () Addition
Name: ZALDIVAR, GWENDOLYN
Address: 1250 N.E. 87 STREET
City-St-Zip: MIAMI, FL 33138

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

PRES

06/14/2008

Electronic Signature of Signing Officer or Director

Date