

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **754345** (7)

1. Corporation Name
NORTH MIAMI BEACH KIWANIS CLUB SCHOLARSHIP FUND, INC.



Principal Place of Business Mailing Address
% LEROY LEVY, PRESIDENT 1550 N.E. MIAMI GARDENS DR., #306 NORTH MIAMI BEACH FL 33179
% LEROY LEVY, PRESIDENT 1550 N.E. MIAMI GARDENS DR., #306 NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified **09/25/1980** 3a. Date of Last Report **02/20/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

4. FEI Number **59-1884436** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**LEVY, LEROY
1550 N.E. MIAMI GARDENS DR., SUITE 306
N MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
NAME LEVY, LEROY
STREET ADDRESS 1550 NE MIAMI GRDNS DR.
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE DS DELETE
NAME ~~LACHANCE, JOHN~~ *NORMAN I Segal*
STREET ADDRESS ~~2201 CHARLESTON~~
CITY-ST-ZIP ~~FT LAUDERDALE FL~~

TITLE VD DELETE
NAME UTGARD, HERBERT
STREET ADDRESS 418 POINCIANA DRIVE
CITY-ST-ZIP GOLDEN ISLES, FL 3

TITLE D DELETE
NAME FRANKEL, RALPH
STREET ADDRESS 20030 N.E. 22 AVNUE
CITY-ST-ZIP N MIAMI BEACH, FL 0

TITLE D DELETE
NAME LOIZZO, LINDA
STREET ADDRESS 13901 OAK RIDGE DRIVE
CITY-ST-ZIP DAVIE FL

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME *NORMAN I. Segal*
2.3 STREET ADDRESS *19835 NE 12 AVE*
2.4 CITY-ST-ZIP *MIAMI, FL 33179*

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 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 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: *Norman I. Segal* 2/14/96 305 945.6401
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)