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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 754345

1. Corporation Name

**NORTH MIAMI BEACH KIWANIS CLUB SCHOLARSHIP FUND,
INC.**

Principal Place of Business

19835 NE 12 ACE
MIAMI FL 33179
US

Mailing Address

P.O. BOX 640622
MIAMI FL 33164-0622



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

09/25/1980

4. FEI Number

59-1884436

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SEGAL, NORMAN
19835 NE 12 AVE
MIAMI 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/30/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE **D**
NAME **LEVY, LEROY**
STREET ADDRESS **1550 NE MIAMI GRDNS DR.**
CITY-ST-ZIP **N. MIAMI BEACH FL 33179**

TITLE **D** ☐ DELETE

NAME **SEGAL, NORMAN**
STREET ADDRESS **19835 NE 12 AVENUE**
CITY-ST-ZIP **MIAMI FL 33179**

TITLE **D** ☐ DELETE

NAME **UTGARD, HERBERT**
STREET ADDRESS **175 NW 167TH ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **FISHER, MILTON**
STREET ADDRESS **1310 NE 174TH ST**
CITY-ST-ZIP **N MIAMI BEACH FL**

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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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, with all other like empowered.

SIGNATURE:

Norman Segal
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

305 652 0363

Daytime Phone #

CR2E037 (11/98)