

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000006256

FILED
Apr 30, 2007
Secretary of State

Entity Name: KIWANIS OF AVENTURA FOUNDATION, INC.

Current Principal Place of Business:

2785 N E 183RD ST
AVENTURA, FL 33160

New Principal Place of Business:

Current Mailing Address:

2785 N E 183RD ST
AVENTURA, FL 33160

New Mailing Address:

FEI Number: 65-1034846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PINDER, THOMAS
18010 NE 10 AVE
NORTH MIAMI BEACH, FL 33162 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: CH () Delete
Name: PINDER, THOMAS
Address: 18010 NE 10 AVE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: PONCE, CARLOS
Address: 1180 NE 161 TERRACE
City-St-Zip: NORTH MIAMI BEACH, FL 33162 US

Title: D () Delete
Name: DICOWDEN, MARIE
Address: 2785 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: FERGUSON, TATIANA
Address: 2785 NE 183RD STREET
City-St-Zip: AVENTURA, FL 33160

Title: D () Delete
Name: PARKER, ANTONIO
Address: 55 NE 192 STREET
City-St-Zip: MIAMI, FL 33179 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: MARIE A. DICOWDEN

D

04/30/2007

Electronic Signature of Signing Officer or Director

Date