

# 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