

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 24, 2004 8:00 am**  
**Secretary of State**

03-24-2004 90043 025 \*\*\*\*61.25

**DOCUMENT # N01000007407**

1. Entity Name

**KIWANIS CLUB OF GREATER PEMBROKE PINES, INC.**



Principal Place of Business

**16336 N W 11TH STREET  
PEMBROKE PINES FL 33028**

Mailing Address

**16336 N W 11TH STREET  
PEMBROKE PINES FL 33028**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1125225**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**TYNAN, KEVIN P  
8142 N. UNIVERSITY DRIVE  
TAMARAC FL 33321**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete  
NAME KLEIN, HARRIS L  
STREET ADDRESS 16336 NW 11TH STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33028

TITLE PD ☒ Change ☐ Addition  
NAME Stebbins, Kenneth  
STREET ADDRESS 3219 Evergreen Rd.  
CITY-ST-ZIP Lorida, FL. 33228

TITLE VPD ☒ Delete  
NAME PRIORE, EDUARD  
STREET ADDRESS 1541 NW 108TH WAY  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE VPD ☒ Change ☐ Addition  
NAME Blum, John  
STREET ADDRESS 19052 NW 23 Street  
CITY-ST-ZIP Pembroke Pines, FL. 33029

TITLE TD ☐ Delete  
NAME STEBBINS, KENNETH  
STREET ADDRESS 4935 SW 90TH TERRACE  
CITY-ST-ZIP COOPER CITY FL 33328

TITLE TD ☐ Change ☒ Addition  
NAME Cross, Keat  
STREET ADDRESS 660 NW 161 Avenue  
CITY-ST-ZIP Pembroke Pines, FL. 33028

TITLE SD ☐ Delete  
NAME BLUM, JOHN S  
STREET ADDRESS 19052 NW 23RD STREET  
CITY-ST-ZIP PEMBROKE PINES FL 33029

TITLE SD ☐ Change ☒ Addition  
NAME Klein, Shirley  
STREET ADDRESS 16336 NW 11 Street  
CITY-ST-ZIP Pembroke Pines, FL 33028

TITLE PE ☒ Delete  
NAME BRINGLE, CHARLES J  
STREET ADDRESS 8401 W CYPRESS DR  
CITY-ST-ZIP PEMBROKE PINES FL 33025

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Shirley S. Klein* **SHIRLEY S. KLEIN**

**03/22/04**

**954 438 76 26**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #