

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 18, 2007 08:00 AM
Secretary of State

DOCUMENT # N01000007407

1. Entity Name
KIWANIS CLUB OF GREATER PEMBROKE PINES, INC.



Principal Place of Business
**16336 NW 11TH STREET
PEMBROKE PINES, FL 33028**

Mailing Address
**PO BOX 824431
PEMBROKE PINES, FL 33082**



07112007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

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

**DO NOT WRITE
IN THIS SPACE**

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 _____

**Filing Fee is \$61.25
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

**U000000769425
07/18/07-80005-017 61.25**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVIS, RUSSELL E 2154 NW 166TH AVE PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLEIN, SHIRLEY 16336 NW 11TH STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LENARDSON, ROSINA 6310 SW 172ND AVE SOUTHWEST RANCHES, FL 33331
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RODRIGUEZ, JAVIER 16381 NW 13TH STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KLEIN, HARRIS 16336 NW 11 STREET PEMBROKE PINES, FL 33028
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWERS, DEBRA 2154 NW 166TH AVE PEMBROKE PINES, FL 33028

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Klein **SHIRLEY KLEIN**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

07/13/07
Date

954-438-7626
Daytime Phone #