

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 12, 2008 8:00 am**  
**Secretary of State**

05-12-2008 90031 016 \*\*\*\*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

PO BOX 824431  
PEMBROKE PINES FL 33082



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 the applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, JAVIER	
STREET ADDRESS	16381 NW 13TH STREET	
CITY-STATE-ZIP	PEMBROKE PINES FL 33028	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KLEIN, SHIRLEY	
STREET ADDRESS	16336 NW 11TH STREET	
CITY-STATE-ZIP	PEMBROKE PINES FL 33028	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCCAMPBELL, DAVID S	
STREET ADDRESS	431 NW 197 AVENUE	
CITY-STATE-ZIP	PEMBROKE PINES FL 33029	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	MENASCHE, BENOIT	
STREET ADDRESS	1181 NW 173 AVENUE	
CITY-STATE-ZIP	PEMBROKE PINES FL 33029	
TITLE	D	<input type="checkbox"/> Delete
NAME	ALLEY, DEBBIE	
STREET ADDRESS	1262 NW 123 AVENUE	
CITY-STATE-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	NOWOGRODSKI, CRISTINA	
STREET ADDRESS	1512 SW 193 AVENUE	
CITY-STATE-ZIP	PEMBROKE PINES FL 33029	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*David S. McCampbell*

4/25/08

954-436-3830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Phone/Fax #

# ATTACHMENT

40700909

DOCUMENT # N01000007407 KIWANIS CLUB OF GREATER PEMBROKE PINES, INC.  
PAGE 2

11. Continued		ADDITIONS TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL BIRD 8037 NW 10 STREET PLANTATION, FL 33322	<input checked="" type="checkbox"/>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS KLEIN 16336 NW 11 STREET PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RICHARD LENARDSON 6310 SW 172 AVENUE SOUTHWEST RANCHES, FL 33331	<input checked="" type="checkbox"/>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SAMUEL LOPEZ 13831 NW 16 STREET PEMBROKE PINES, FL 33028	<input checked="" type="checkbox"/>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EDWARD PRIORE 1541 NW 180 WAY PEMBROKE PINES, FL 33029	<input checked="" type="checkbox"/>	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DANIEL STEEL 1351 SW 125 Avenue, #412 PEMBROKE PINES, FL 33027	<input checked="" type="checkbox"/>	Addition