

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90410 009 ****61.25

DOCUMENT # N04000003278 1. Entity Name KIWANIS CLUB OF MIAMI SHORES-NORTH DADE, INC.					
Principal Place of Business 304 NE 93 ST MIAMI SHORES, FL 33138			Mailing Address PO BOX 530216 MIAMI SHORES, FL 33153		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THIELE, JONATHAN 12595 NE 7 AVE N MIAMI, FL 33161				7. Name and Address of New Registered Agent Name Miriam Anderson Street Address (P.O. Box Number is Not Acceptable) 304 NE 93 St. City Miami Shores FL Zip Code 33138	
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 <i>X Miriam Anderson</i> <small>Signature, typed or printed name of registered agent and title if applicable.</small>				DATE April 28, 2005 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	DP THIELE, JONATHAN 12595 NE 7 AVE N MIAMI, FL 33161	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Nathaniel Wilkins 776 NE 125 St. N. MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HARTH, GEORGE 8563 ARDOCH RD MIAMI LAKES, FL 33016	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Terry, Hal 600 NE 55 Terr. MIAMI FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TERRY, HAL 600 NE 55 TER MIAMI, FL 33137	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Joyce Mumford 750 NE 134 St. N. MIAMI FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ANDERSON, MIRIAM 304 NE 93 ST MIAMI SHORES, FL 33138	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bob Andreason 791 NE 127 St. N. MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTHONY, JIM 661 NE 118 ST MIAMI, FL 33138	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Myrna Pavlack 470 NE 142 St. N. MIAMI FL 33161
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENJAMIN, ED 9999 NE 2 AVE MIAMI SHORES, FL 33138	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Selma Harris 200 Towerside Terr. MIAMI FL 33138
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: <i>Jonathan Thiele</i> Jonathan Thiele April 28, 2005 3058952586 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					