

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

FILED
Mar 12, 2008 08:00 A
Secretary of State

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 - 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

NO-T APPLICABLE

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

ANDERSON, MIRIAM
304 NE 93 ST
MIAMI FL 33138

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 re-registering)

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 P ☐ Delete
NAME BROWN, DOUG
STREET ADDRESS 700 NE 124TH ST.
CITY-ST-ZIP N MIAMI FL 33161

TITLE V ☐ Delete
NAME TERRY, HAL
STREET ADDRESS 600 NE 55 TERR
CITY-ST-ZIP MIAMI FL 33137

TITLE DST ☐ Delete
NAME ANDERSON, MIRIAM
STREET ADDRESS 304 NE 93 ST
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE D ☐ Delete
NAME ANDREASEN, ROBERT
STREET ADDRESS 701 NE 127TH ST
CITY-ST-ZIP N. MIAMI FL 33161

TITLE D ☐ Delete
NAME MUMFORD, JOYCE
STREET ADDRESS 750 NE 134 STREET
CITY-ST-ZIP N MIAMI FL 33168

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
000000855777
03/27/08-80065-002 70 00

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

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

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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 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: Miriam Anderson MIRIAM ANDERSON 3/10/08 305 758-0298