

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000003278

FILED
Apr 24, 2009
Secretary of State

Entity Name: KIWANIS CLUB OF MIAMI SHORES-NORTH DADE, INC.

Current Principal Place of Business:

304 NE 93 ST
MIAMI SHORES, FL 33138

New Principal Place of Business:

Current Mailing Address:

PO BOX 530216
MIAMI SHORES, FL 33153

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ANDERSON, MIRIAM
304 NE 93 ST
MIAMI, FL 33138 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BROWN, DOUG
Address: 700 NE 124TH ST.
City-St-Zip: N MIAMI, FL 33161

Title: V () Delete
Name: TERRY, HAL
Address: 600 NE 55 TERR
City-St-Zip: MIAMI, FL 33137

Title: DST () Delete
Name: ANDERSON, MIRIAM
Address: 304 NE 93 ST
City-St-Zip: MIAMI SHORES, FL 33138

Title: D () Delete
Name: ANDREASEN, ROBERT
Address: 701 NE 127TH ST
City-St-Zip: N. MIAMI, FL 33161

Title: D () Delete
Name: MUMFORD, JOYCE
Address: 750 NE 134 STREET
City-St-Zip: N MIAMI, FL 33168

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIRIAM ANDERSON

DST

04/24/2009

Electronic Signature of Signing Officer or Director

Date