

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90124 024 ****61.25

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DOCUMENT # N07251

1. Corporation Name

KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.

Principal Place of Business

P.O. BOX 112172
HIALEAH FL 33011

Mailing Address

P.O. BOX 112172
HIALEAH FL 33011



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/21/1985

4. FEI Number

59-2588917

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SANCHEZ, FELIX
1480 WEST 5TH COURT
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **DS**
STREET ADDRESS **ROBAINA, JULIO**
CITY-ST-ZIP **1397 WEST 63RD STREET**
HIALEAH FL 33012

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **SANCHEZ, FELIX**
CITY-ST-ZIP **1480 WEST 5TH COURT**
HIALEAH FL 33010

TITLE ☐ DELETE
NAME **DT**
STREET ADDRESS **GONZALEZ, EDDY**
CITY-ST-ZIP **5180 EAST 4TH AVE.**
HIALEAH FL 33013

TITLE ☐ DELETE
NAME **DVP**
STREET ADDRESS **GONZALEZ, WILFREDO**
CITY-ST-ZIP **5180 EAST 4TH AVE.**
HIALEAH FL 33013

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GARCIA, R**
CITY-ST-ZIP **217 E 63 ST**
HIA FL 33013

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **ARNAVAT, GUSTAVO**
CITY-ST-ZIP **1130 WEST 45TH PLACE**
HIALEAH FL 33012

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)