

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07251

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: KIWANIS CLUB OF FLAMINGO-HIALEAH, INC.

**Current Principal Place of Business:**

4160 W 16 AVENUE  
SUITE 401  
HIALEAH, FL 33012 US

**New Principal Place of Business:**

**Current Mailing Address:**

4160 W 16 AVENUE  
SUITE 401  
HIALEAH, FL 33012 US

**New Mailing Address:**

FEI Number: 59-2588917      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SANCHEZ, FELIX  
4160 W 16 AVENUE  
SUITE 401  
HIALEAH, FL 33012 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: DS      ( ) Delete  
Name: SANCHEZ, JIMMY I  
Address: 584 WEST 45 PLACENUE  
City-St-Zip: HIALEAH, FL 33012

Title: DP      ( ) Delete  
Name: SANCHEZ, FELIX  
Address: 1480 WEST 5TH COURT  
City-St-Zip: HIALEAH, FL 33010

Title: DT      ( ) Delete  
Name: GONZALEZ, EDDY  
Address: 7625 WEST 14 COURT  
City-St-Zip: HIALEAH, FL 33012

Title: DVP      ( ) Delete  
Name: GONZALEZ, WILFREDO  
Address: 545 WEST 63 ST  
City-St-Zip: HIALEAH, FL 33012

Title: D      ( ) Delete  
Name: GARCIA, RENE  
Address: 217 EAST 63RD STREET  
City-St-Zip: HIALEAH, FL 33013

Title: D      ( ) Delete  
Name: ROBAINA, JULIO  
Address: 6140 WEST 10 AVE  
City-St-Zip: HIALEAH, FL 33012

**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:

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: FELIX SANCHEZ

PD

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date