

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000010881

FILED
Feb 08, 2009
Secretary of State

Entity Name: THE GREATER PEMBROKE PINES KIWANIS FOUNDATION, INC.

Current Principal Place of Business:

C/O DAVID MC CAMPBELL
431 NW 197 AVE.
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

C/O DAVID MC CAMPBELL
431 NW 197 AVE.
PEMBROKE PINES, FL 33029

New Mailing Address:

P.O. BOX 824431
PEMBROKE PINES, FL 33082

FEI Number: 26-3825878

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCCAMPBELL, DAVID
431 NW 197 AVE.
PEMBROKE PINES, FL 33029 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: D () Delete
Name: MCCAMPBELL, DAVID
Address: 431 NW 197 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: MENASCHE, BENOIT
Address: 1181 NW 173 AVE.
City-St-Zip: PEMBROKE PINES, FL 33029

Title: D () Delete
Name: BIRD, MICHAEL
Address: 8037 NW 10 ST.
City-St-Zip: PLANTATION, FL 33322

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: BLUM, EDIE
Address: 10952 NW 23RD STREET
City-St-Zip: PEMBROKE PINES, FL 33029

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: DAVID S. MCCAMPBELL

D

02/08/2009

Electronic Signature of Signing Officer or Director

Date